THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988

HEARING

BEFORE THE

SUBCOMMITTEE ON
SCIENCE, RESEARCH AND TECHNOLOGY

OF THE

COMMITTEE ON
SCIENCE, SPACE, AND TECHNOLOGY
U.S. HOUSE OF REPRESENTATIVES

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*Ranking Republican Member.

CONTENTS

WITNESSES

Page

September 30, 1988:

Jim Harrell, Acting Director, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, accompanied by Linda Meyers, PhD., Nutrition Advisor, Office of Disease Prevention and Health Promotion, and Catherine Woteki, PhD., Nutrition Monitoring, National Center for Health Statistics, Centers for Disease Control 15

Suzanne S. Harris, Ph.D., Deputy Assistant Secretary, Food and Consumer Services, U.S. Department of Agriculture 34

Larry J. Gordon, Visiting Professor, School of Public Administration, University of New Mexico, on behalf of the Association of State and Territorial Public Health Nutrition Directors 107

J. Burt Eller, Jr., Vice President, Government Affairs, National Cattlemen's Association 118

Mary R. Crane, Legislation/Regulatory Representative, American Heart Association 128

APPENDIX

1. Legislative proposals referred to in the hearing:
   a. S. 1081, as passed by the Senate on August 9, 1988 146
   b. Amendment in the nature of a substitute to S. 1081 172
2. Additional testimony submitted for the record 197
3. Organizations in support of S. 1081 215
4. HHS-USDA Operational Plan for the National Nutrition Monitoring System, August 1987 216

THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988

FRIDAY, SEPTEMBER 30, 1988

HOUSE OF REPRESENTATIVES
COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY,
SUBCOMMITTEE ON SCIENCE, RESEARCH AND TECHNOLOGY,
Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:10 a.m. in Room 2318, Rayburn House Office Building, the Honorable Doug Walgren [Chairman of the subcommittee] presiding.

Mr. WALGREN. Let me welcome you all to our hearing this morning on S. 1081, the National Nutrition Monitoring and Related Research Act of 1988. At the outset I'd like to recognize the ranking Republican member of the subcommittee, Congressman Boehlert from New York, for his opening statement because he has a very important commitment to meet and I don't want to keep him from that, but then we hope you'll get back to join us later.

The gentleman from New York.

Mr. BOEHLERT. I thank the gentleman from Pennsylvania. I do have an important commitment. I will be there and back as soon as possible because the subject matter before us today is something that we've lived with for a long time and it's extremely important to all of us on the committee.

I approach this hearing with a combination of joy and dread one usually experiences before school reunions. Who can believe how much older we've become since the first time we dealt with this bill. What old friends will we see; what old rivalries will we rekindle?

My hope and expectation is that this will be a pleasant reunion. The bill before us is similar to the one that the House passed after lengthy negotiations in 1986, and the proposed amendments have already been cleared by the House Agriculture Committee and the Senate. This should be the year where the National Nutrition Monitoring and Related Research Act finally becomes law.

The more the science of nutrition expands, the more we realize how much our diet influences our health. We need to have up-to-date, accurate, useful information on what Americans are eating and how it affects us. This bill would accomplish that goal; its passage is long overdue.

Thank you, Mr. Chairman, and with that I take leave with the pledge that I will return as soon as possible.

Mr. WALGREN. Bravo. Thank you so much, Mr. Boehlert, we appreciate that statement.

The hearing today, as Congressman Boehlert has indicated, will focus on S. 1081, the National Nutrition Monitoring and Related Research Act of 1988, as it was passed by the Senate on August 9. As many of you here know, a similar bill passed the House by a substantial majority, 305 to 85, in June of 1986. In that year, however, the Senate was unable to complete its consideration of the bill before the close of the 99th Congress and therefore legislation was not enacted. The bill which passed the House with the modified Title III was reintroduced in the House in this Congress, H.R. 2151, and in the Senate as S. 1081.

On September 7, S. 1081 was referred to the Committee on Science, Space and Technology and to the Committee on Agriculture. To expedite the consideration of the bill by the House, representatives of these committees met with representatives of the Committee on Government Affairs and the Committee on Agriculture, Nutrition and Forestry on the Senate side. These House and Senate committees have developed a proposed amendment in the nature of a substitute which clarifies some of the terms and provisions.

The majority of these proposed changes are technical in nature; therefore, in addition to the views on the need for the legislative proposal and the adequacy of the current national nutrition monitoring system, we have asked witnesses today to comment and give us their views on this proposed substitute amendment.

As testimony before our subcommittee in previous years and testimony before the Senate in this year has indicated, the issues before us today are: Are current national nutrition monitoring activities adequate, and will the legislative proposal, as we are considering it, increase or make this present system more beneficial? What is the fundamental reason why the Administration, especially the Department of Agriculture, so strongly oppose the bill, in contrast to the health and agriculture and science and public interest organizations which take a directly opposite approach and express strong support for the bill?

We recognize that since the submission of the USDA/HHS Joint Implementation Plan to Congress in 1981, that this Administration has formed numerous committees and published a number of reports, such as the 1988 Surgeon General's Report on Nutrition and Health, the 1987 Operational Plan, the 1986 Human Nutrition Research Report entitled The Federal Five-Year Plan—that's a plan, I gather,—and the 1986 Progress Report of the Joint Nutrition Monitoring Evaluation Committee.

So we've had these plans and we've had these reports identifying priorities and recommendations for improving the current nutrition monitoring activity. Our purpose today is to try to receive direct and concrete evidence regarding these actions that have been taken, the effectiveness of coordination, the degree to which the role of these federal agencies has been effectively implemented. And most importantly, the usefulness of any of the efforts that these reports and committees have led to during these past eight years.

We also recognize that the Administration has made a commitment to nutrition monitoring and we want to understand the results of that commitment since 1981 and how well those results meet the needs as expressed by private and public groups that

depend on information generated by the federal government in this area.

We also will be interested in the opportunity that those who use this kind of information have had to assist in the development of the Operational Plan and the Human Nutrition Research Plan, whether current federal expenditures for nutrition monitoring are adequate to develop useful information and whether the implementation of the activities that are funded are cost effective, or whether current efforts should be restricted in any way until a comprehensive plan and adequate resources are in place to carry out this program in a proper way.

[The prepared opening statement of Mr. Walgren follows:]

OPENING REMARKS OF THE HONORABLE DOUG WALGREN (D-PA) ON S. 1081, THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988

SEPTEMBER 30, 1988

OUR HEARING TODAY WILL FOCUS ON S. 1081, THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988 AS PASSED BY THE SENATE ON AUGUST 9, 1988. AS MANY OF YOU HERE KNOW, A SIMILAR BILL PASSED THE HOUSE BY A VOTE OF 305 TO 85 ON JUNE 26, 1986. UNFORTUNATELY, THE SENATE WAS UNABLE TO COMPLETE ACTION ON THE BILL BEFORE THE CLOSE OF THE 99TH CONGRESS. THEREFORE, THE BILL WHICH PASSED THE HOUSE, WITH A MODIFIED TITLE III, WAS INTRODUCED IN THE HOUSE, H.R. 2151, AND IN THE SENATE, S. 1081, ON APRIL 23, 1987.

ON SEPTEMBER 7, 1988, S.1081 WAS REFERRED TO THE COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY AND TO THE COMMITTEE ON AGRICULTURE. TO EXPEDITE THE CONSIDERATION OF THE BILL BY THE HOUSE, REPRESENTATIVES OF THESE COMMITTEES MET WITH REPRESENTATIVES OF THE COMMITTEE ON GOVERNMENT AFFAIRS AND THE COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY IN THE SENATE. THESE HOUSE AND SENATE COMMITTEES HAVE DEVELOPED A PROPOSED AMENDMENT IN THE NATURE OF A SUBSTITUTE WHICH CLARIFIES SOME OF THE TERMS AND PROVISIONS; THE MAJORITY OF THE PROPOSED CHANGES ARE TECHNICAL IN NATURE. THEREFORE, IN ADDITION TO VIEWS ON THE NEED FOR THE LEGISLATIVE PROPOSAL AND THE ADEQUACY OF THE CURRENT NATIONAL NUTRITION MONITORING SYSTEM, WE HAVE ASKED OUR WITNESSES TODAY TO

PRESENT THEIR VIEWS ON THE PROPOSED AMENDMENT.

AS TESTIMONY BEFORE OUR SUBCOMMITTEE IN PREVIOUS YEARS AND TESTIMONY BEFORE THE SENATE GOVERNMENT AFFAIRS COMMITTEE ON MARCH 22, 1988 INDICATED, THE ISSUES BEFORE US TODAY APPEAR TO BE: ARE CURRENT NATIONAL NUTRITION MONITORING ACTIVITIES ADEQUATE AND WILL THE LEGISLATIVE PROPOSAL BEFORE US ENHANCE THE PRESENT SYSTEM? WHAT IS THE FUNDAMENTAL REASON WHY THE ADMINISTRATION, ESPECIALLY THE U.S. DEPARTMENT OF AGRICULTURE, SO STRONGLY OPPOSES THE BILL, AND THE HEALTH, AGRICULTURE, SCIENCE AND PUBLIC INTEREST ORGANIZATIONS SO STRONGLY FEEL THE NEED FOR THE BILL?

WE RECOGNIZE THAT SINCE THE SUBMISSION OF THE USDA/HHS JOINT IMPLEMENTATION PLAN TO CONGRESS IN 1981, THE ADMINISTRATION HAS FORMED NUMEROUS COMMITTEES AND PUBLISHED NUMEROUS REPORTS (1988 SURGEON GENERAL'S REPORT ON NUTRITION AND HEALTH, 1987 OPERATIONAL PLAN, 1986 HUMAN NUTRITION RESEARCH: THE FEDERAL FIVE-YEAR PLAN, AND THE 1986 PROGRESS REPORT OF THE JOINT NUTRITION MONITORING EVALUATION COMMITTEE) IDENTIFYING PRIORITIES AND RECOMMENDATIONS FOR IMPROVING THE CURRENT NUTRITION MONITORING ACTIVITIES. THUS, OUR PURPOSE TODAY IS TO RECEIVE DIRECT AND CONCRETE EVIDENCE REGARDING THE ACTIONS TAKEN, COORDINATION, ROLE OF ALL FEDERAL AGENCIES INVOLVED, AND MOST IMPORTANTLY THE USEFULNESS OF ANY RESEARCH, PRODUCTS, AND SERVICES THAT HAVE RESULTED FROM THE RECOMMENDATIONS MADE BY THESE COMMITTEES AND REPORTS.

WE ALSO RECOGNIZE THAT THE ADMINISTRATION HAS MADE A COMMITMENT

TO NUTRITION MONITORING AND WE WANT TO UNDERSTAND THE RESULTS OF THE COMMITMENT SINCE 1981 AND HOW WELL THE RESULTS ARE MEETING THE NEEDS OF PUBLIC AND PRIVATE GROUPS THAT DEPEND ON THE DATA, METHODS, AND TECHNICAL ASSISTANCE WHICH COULD BE REALIZED BY A VIABLE SYSTEM. WE WILL ALSO BE INTERESTED IN THE OPPORTUNITY THAT DATA USERS HAVE HAD TO ASSIST IN THE DEVELOPMENT OF THE OPERATIONAL PLAN AND THE HUMAN NUTRITION RESEARCH PLAN, WHETHER CURRENT FEDERAL EXPENDITURES FOR NUTRITION MONITORING ARE ADEQUATE, WHETHER THE IMPLEMENTATION OF THE ACTIVITIES FUNDED ARE COST EFFECTIVE, OR WHETHER CURRENT EFFORTS SHOULD BE CURTAILED UNTIL A COMPREHENSIVE PLAN AND ADEQUATE RESOURCES ARE IN PLACE.

Mr. WALGREN. Well, with that for opening thoughts, I also want to indicate that Congressman George Brown, whom most of you know and has had a continuing interest in this area has asked that I express his regrets that he cannot be here today because of a commitment in his district in California. Congressman Brown, as you know, is a member both of this committee and of the Committee on Agriculture where he chairs the Subcommittee on Department Operations, Research and Foreign Agriculture. And this bill, of course, was referred to the Committee on Agriculture as well.

Congressman Brown was an initial sponsor of the Nutrition Monitoring bill introduced in this Congress and in previous Congresses, and in lieu of opening remarks, he asked that I submit for the record his statement on Federal Monitoring of the Nation's Nutritional Status published in the February 1988 American Journal of Clinical Nutrition. And without objection, I would ask that that article be made a part of the record.

[The information referred to follows:]

Remarks

The Honorable George E Brown, Jr[1-3]

I am indeed honored to be asked, for the second time in two years, to participate in the American Society for Clinical Nutrition's Public Policy Forum. I am pleased that you have selected for this year's forum the subject of federal monitoring of the nation's nutritional status and have asked me to provide a congressional perspective.

Nutrition monitoring has been neglected not only by the federal government, but by the scientific community as well. Although the views of one congressman can not be construed as those of the other 434 members of Congress, passage in the 99th Congress of the National Nutrition Monitoring and Related Research Act of 1986, by a vote of 305 to 85 in the House of Representatives, clearly indicates that the majority of the members believe the present arrangement is not adequate. That perspective was reiterated on April 23, 1987, when 23 members of the House and 13 members of the Senate simultaneously introduced identical bills, HR 2151 and S 1081.

Federal responses to public concerns

The issue of national nutrition monitoring has surfaced approximately every 5 years since 1940, usually in response to testimonials regarding hunger and malnutrition in the United States. Hunger and malnutrition in the United States are inexcusable. Equally inexcusable is the fact that in 1987 the United States does not have a comprehensive, dynamic, and timely national nutrition monitoring system.

Each time concerns of hunger and malnutrition surfaced in the past, the President of the United States, the executive branch, or the legislative branch urgently initiated short-term and piecemeal surveys to obtain objective data on the dietary and nutritional status of the population. Examples of those initiatives include in 1967, a congressional mandate that led to the National Nutrition Survey, commonly known as the Ten-State Nutrition Survey; in 1971, a presidential directive that resulted in a decision by the Secretary of Health, Education, and Welfare to transform the National Nutrition Surveillance Survey into what is known today as the National Health and Nutrition Examination Survey (NHANES); and in 1977, a congressional mandate, in the Food and Agriculture Act (1), for a proposal for a comprehensive nutritional status monitoring system.

Unfortunately, the results of each of those surveys became available several years after the urgent situation that had prompted their mandate. Therefore, what was perceived to be an immediate public need was addressed through new policies and intervention strategies without the benefit of the survey that was designed to guide those actions. Although policymakers could not wait for the results of the surveys, the data could be valuable in the assessment of dietary and nutritional status over time. However, the usefulness of the data to the food and health communities and to public policymakers has proven to be limited because of inadequate methods, noncomparable standards, unlike population samples, and the lack of indicators to link food consumption patterns to nutrition and health (2).

A comprehensive national nutrition monitoring system

The Nationwide Food Consumption Survey (NFCS) conducted by the United States Department of Agriculture (USDA) and NHANES conducted by the Department of Health and Human Services (DHHS) are the cornerstones of nutrition monitoring. The attention that has been given to nutrition monitoring by the executive branch and the Congress alike has focused almost entirely on these two surveys. Other surveys, such as the Total Diet Study conducted by the DHHS Food and Drug Administration and the Consumer Expenditure Survey conducted by the Bureau of Labor Statistics have been ignored. There is little indication that all surveys are linked, compliment rather than duplicate each other, or operate in tandom as a part of a continuous or comprehensive system.

Obtaining an assessment of the nation's nutritional and health status is, of course, the ultimate goal of nutrition monitoring. While most of the attention has been placed on the administration of the surveys, the infrastructure necessary to improve the accuracy, use, and cost-effectiveness of the resulting data has received inadequate support. Scientific methods and technology to assess nutritional and dietary status were declared costly, imprecise, and unstandardized at hearings before the Subcommittee on Science, Research and Technology in 1979, and little has changed almost 10 years later (3).

The federal government must accept the responsibility

[1] US House of Representatives (36th District of California).

[2] Presented by Grace Ostenso, PhD, staff director, Subcommittee on Science, Research and Technology, Committee on Science, Space, and Technology, US House of Representatives, Washington, DC.

[3] Reprints not available.

for developing the infrastructure and science base for the support of nutrition monitoring activities undertaken at both federal and state levels. However, nutrition monitoring plans have either omitted dietary and biochemical methods research or identified these deficiencies while, at the same time, excluding them from the list of priorities necessary for completion before conducting the next series of planned surveys.

Although methods research has not been a planned component of nutrition monitoring, some progress has been made. However, it appears that the methods research needs that should be given priority because of their ability to enhance the accuracy and cost-effectiveness of the surveys have not been part of a strategic and comprehensive plan. USDA is about to launch the 1987 NFCS and the National Center for Health and Statistics (NCHS) is planning to conduct NHANES III in 1988. The members of the American Society for Clinical Nutrition are one of many groups that use and depend on the methods used in these surveys as well as the results of the surveys. Do you believe that, within the last 10 years, dietary and biochemical methods and the science of nutrition monitoring have been enhanced to a degree that will significantly improve this next round of assessments?

Investments in methods research will not only reduce the cost and improve the accuracy of the nation's nutrition monitoring capabilities, but will also contribute to the health of the public as well as to the effectiveness of their health care. I do not need to tell you that as the accuracy of the methods used are improved, the sample size or frequency of data collection could be reduced, thus possibly decreasing the cost of the nutrition monitoring activities. This administration and preceding administrations apparently did not realize that the purpose of investing in research is to achieve long-term gains that will improve the outcomes as well as the benefits derived from future nutrition monitoring surveys.

As you well know, the dietary and biochemical methods so important to the usefulness of nutrition monitoring surveys are the same methods that are used to assess and guide the health of individuals. Thus, investments in methods research would not only make more effective use of federal funds expended for nutrition monitoring surveys but could also improve the tools of nutrition researchers and health-care practitioners. It is difficult for me to believe that a sustained and planned effort would not result in innovative, less-invasive, and less-costly indicators and measures of nutritional and health status. To date the science of nutrition monitoring lags far behind the knowledge base and technology of most other areas of science.

The goal of the Agricultural Research Service (ARS) Human Nutrition Research Centers is "promoting optimum health and well-being through improved nutrition." Each of the five centers identifies nutritional requirements and nutritional status in their mission statements (4). The National Institutes of Health (NIH) also supports research with major components related to nutritional status and measurement. One of the goals of the NIH Clinical Nutrition Research Centers is to "contribute to improvement of nutrition monitoring by generating new knowledge about nutrient requirements throughout the life cycle and by improving current methods and developing new ones for nutritional status measurement" (unpublished information, DHHS-USDA joint implementation plan for a comprehensive national nutritional monitoring system, 1981). Yet, the methods research of ARS and NIH have not been integrated into the current National Nutrition Monitoring System nor have their research priorities been designed to address the methodological needs of their sister agencies which administer the nutrition monitoring surveys.

Many departments other than USDA and DHHS support research important to nutritional status measurements. The value of the work and the results could be optimized if integrated into a coordinated plan. For example, in addition to the thousands of blood cholesterol tests conducted by NHANES, nearly 100 million of these tests are performed yearly in conjunction with the disease prevention and health promotion programs of individuals. For many years concern has been expressed about the accuracy of the test results. Reference materials with known values to assure that the analytical instruments used to measure cholesterol give reliable results were not available. Through a 10-year cooperative effort of the National Bureau of Standards and the College of American Pathologists, research to develop materials for improving the reliability of cholesterol tests was recently completed, and these standard reference materials will be available for the first time in the summer of 1987 (5).

From my congressional perspective, the federal government does not have a comprehensive system to assess the nation's nutritional status. I have focused on methods research because research is the special interest of ASCN. However, research is but one component of the infrastructure that is needed to realize a truly comprehensive system. Other components include a central federal focus for the development, coordination, and implementation of a strategic plan and program; timely and continuous collection, analysis, and interpretation of data; technology transfer mechanisms to assist and enhance efforts of state and local governments; and a forum for obtaining recommendations from scientists and data users in the public and private sectors. These are the components and goals of the National Nutrition Monitoring and Related Research Act of 1987.

Legislative need

Through the administration's own admission, the threat of a nutrition monitoring bill over the past several years has resulted in improvements in federal nutrition monitoring. However, the administration will no doubt continue to oppose the bill on the basis that all components of the bill are being accomplished and that legislation is not necessary to coordinate nutritional monitoring activities.

At present there are no public laws which mandate or establish a national nutrition monitoring system. The programs, through the years, have been driven by the whims of the Congress, the executive branch, and the Of-

fice of Management and Budget (OMB). Given the current budgetary dilemma of the nation and the lack of a timely and usable product from current investments in nutrition monitoring, I would not be surprised if one or more of those governing bodies would terminate all activities on the basis that they were not required by law. In fact, OMB has recently used that rationale to delay or prohibit several activities associated with the major surveys.

For years Congress has been blindly authorizing and appropriating funds for a piecemeal approach without any idea of the specific budgetary resources the seven or more agencies involved were allocating to this important national resource. As a result, Congress has no direct means to assess either the direction or the adequacy of federal nutrition monitoring activities.

In my view a legislative mandate is necessary to ensure a national nutrition monitoring system exists from one Congress to another and from this administration to the next. Although a legislative mandate cannot change the will to put aside turf for the sake of national priorities, a legislative directive would focus responsibility and accountability within the federal government. If all components of the proposed law are currently being accomplished, I fail to understand why the administration opposes incorporating present activities and projecting future activities into a coordinated program and comprehensive plan.

Role of the scientific community

One perspective that appears to be missing from this forum is that of the scientific community. This is a frequent phenomenon in the development of public policy. The nutrition community has been reluctant to assist in the development of legislative proposals or take positions on what they believe is in the best interest of the public. As I stated at this forum in 1985, the scientific community and its organized bodies have a fundamental role to play in the formulation of federal nutrition policy. Congress and the public it serves need the advice and expertise of the scientific community (6).

For example, with regard to nutrition monitoring, your advice is needed on *1*) the adequacy and appropriateness of current federal activities. Is there a scientific need and rationale for collecting dietary intake data in two or more surveys? Should NHANES be conducted at the same time as NFCS? Should both NHANES and NFCS use a continuous moving average technique for data collection? Is the panel approach now being used for the Continuing Survey of Food Intakes by Individuals (CSFII) the best available technique for detecting changes in food consumption? Are the similarities in the methodology and sample size of individuals in the 1978 NFCS and the 1985 CSFII adequate to make statistically sound comparisons between the two data sets? Are nutritional status and nutrient analysis methods keeping pace with survey and health care needs? and *2*) the adequacy and appropriateness of proposed legislative responses. What should the nation's nutrition and health goals be? What role should the Federal Government, vs. other sectors of society, play in achieving those goals? What institutional arrangements for administering the program would provide the greatest impact and value to society? What approaches should be used to stimulate methods research, if needed? What incentives should be included to stimulate cooperative support from the private sector? What level of funding is required to support a dynamic health and nutrition monitoring system relative to funding priorities for social programs and other research needs?

In other words, Congress needs the advice of the nutrition and health community to assess the health and well-being of your science, its contribution to society, and how the federal responsibility should be carried out both now and in the future. In this regard it is disturbing that in March the council of ASCN's parent body, the American Institute of Nutrition (AIN), took the position that the council was "in support of the thrust of the bill" (National Nutrition Monitoring and Related Research Act) but the public affairs office was not to contact members of Congress or staff regarding the bill. Apparently this decision was made on the basis that AIN should only be involved on the scientific and technical aspects of legislation.

The issues of science and politics in the formulation of public policy are no longer separate and distinct. Expanded knowledge and perceived impacts of science and technology have resulted in public issues which have continually increased the involvement of members of Congress in many decisions related to and affected by science and technology. The benefits of interactions between science and politics cannot be realized unless the scientific community is willing to share its knowledge and views.

The questions I have raised concerning nutrition monitoring demonstrate the interaction of science and politics. The scientific issues become political when one group anticipates risks and the other benefits from a legislative proposal. Trade-offs must be made between divergent and strongly held values and preferences, hard-to-assess economic and social realities, and frequently insufficient scientific documentation or understanding.

If the nutrition community remains silent on shaping public policy issues, the void will be quickly filled by views of others who will be far less knowledgable about the needs of the science of nutrition and its potential contribution to the economic health of the nation. In my view, the nutrition community has a responsibility to participate in the debates of the contributions and interactions of science and politics. Without such participation both the science of nutrition and the public will suffer.

References

1. Food and Agriculture Act of 1977. Public law 95-113. 1977.
2. Brown GE Jr. National nutrition monitoring system: A congressional perspective. J Am Diet Assoc 1984;84:185–9.
3. Committee on Science and Technology, US House of Representatives. Hearings on nutrition research methods and technology, Sept 25–27, 1979. Committee print #109.
4. US Department of Agriculture. Directory human nutrition activities: food & fitness. Hyattsville, MD: USDA; 1984.
5. National Bureau of Standards. Boosting cholesterol test accuracy. Gaithersburg, MD: NBS, 1987.
6. Brown GE Jr. The making of federal nutrition policy: a congressional perspective. Am J Clin Nutr 1985;4:2 900–3.

Mr. WALGREN. In addition, Senator Leahy, the Chairman of the Senate Committee on Agriculture, Nutrition and Forestry, had planned to be with us this morning and wanted to testify in our proceedings but unfortunately his schedule will not permit him to be here. Therefore I would ask that his statement be part of the record and inserted prior to the testimony of the first panel of witnesses.

With that, I'd like to recognize any other members who would like to make any opening comments. Mr. Slaughter or Mr. Henry, any comments at this point?

[No response.]

We want to welcome you to our proceedings, and as you know, written statements will be reproduced in the record without more, and you can feel free to focus in any way on points that you would like to stand out for discussion or for those who are working with the oral transcripts of the record.

Our first panel includes Jim Harrell, the Acting Director of the Office of Disease Prevention and Health Promotion with the Department of Health and Human Services; and Suzanne Harris, Deputy Assistant Secretary for Food and Consumer Services with the Department of Agriculture.

I want to welcome you to our proceedings, and why don't we start in the order in which I introduced you to the record which would invite you, Mr. Harrell, to go first.

[The prepared statement of Senator Patrick Leahy follows:]

To Be Inserted Into the Record

STATEMENT OF SENATOR PATRICK LEAHY

on the
THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988

Before the House Subcommittee on Science, Research and Technology
September 30, 1988

I strongly endorse the "National Nutrition Monitoring and Related Research Act of 1988." I am pleased with the wide support this bipartisan legislation enjoys -- both on Capitol hill and from health advocates, educators, farm and commodity groups, religious organizations and food advocates.

I greatly appreciate the efforts of Chairman Walgren of the Science, Research and Technology Subcommittee to move expeditiously on this legislation.

The broad range of support for this bill is almost unprecedented, and includes the American Academy of Pediatrics, the American Association of Retired Persons, the American College of Preventive Medicine, the American Dietetic Association, the American Farm Bureau Federation, the American Heart Association, the American Meat Institute, the American School Food Service Association, Bread for the World, the National Broiler Council, the National Cattleman's Association, the National Grange, the National Milk Producers Federation, the National Pork Producers Federation, the United Egg Producers, the Food Research and Action Center, the National PTA, the Lutheran Office for Government Affairs, the American Baptist Churches USA, the National Association of WIC Directors and World Hunger Year.

This legislation, introduced on the Senate side by Senator Bingaman of New Mexico, was passed (as S. 1081) unanimously on August 9, 1988.

I am very disappointed that the only entity that seems to oppose this bill is the Department of Agriculture. They have opposed various versions of this bill for several years and are still fighting to kill it. This bill in many respects makes them do what they should be doing -- and its about time the Department does its job.

It is not surprising that the Administration that has made extensive cuts in nutrition programs would oppose efforts to coordinate the study of the nutritional well-being and health of Americans. Fortunately, Republicans and Democrats alike, have joined together with health and commodity groups, and medical and religious organizations, in supporting this valuable legislation.

The bill sets up a ten year scientific assessment to periodically report on the health and well-being of Americans and on the quality and nutrient content of the foods that they eat. This information should prove invaluable in analyzing the effectiveness of our nutrition programs and in studying the health of Americans.

I am concerned that our present nutrition and health monitoring system does not adequately address the nutrition and health needs of Americans -- this legislation is designed to fix that problem.

This bill, the National Nutrition Monitoring and Related Research Act of 1988, truly enhances the activities of the Department of Agriculture and the Department of Health and Human Services regarding their nutrition and health monitoring and dietary guidance programs. Among other things, it will require careful study of the needs of vulnerable groups of Americans -- such as the elderly, the homeless, the rural poor and native Americans. These studies could provide a gold mine of information on the health and diets of Americans and on the quality of the American food supply.

The Hunger Prevention Act of 1988, recently passed by both Houses and signed by the President, resulted from extensive hearings and testimony before my Committee from all across the country illustrating that poor nutrition and hunger exists in every corner of this nation--from New York City to rural Vermont.

Many questions are raised about the foods we eat and how to target assistance to those most at risk. Coordination at the federal level will provide essential information.

Additionally, Title III of this Act addresses the need for Federal agencies to be consistent in issuing dietary guidance to Americans -- "to speak with one voice." Federal agencies have sometimes issued differing warnings on what types of foods can cause health problems -- leading to needless confusion and public alarm.

This bill will require for the first time that federal agencies allow the Secretaries of Agriculture and Health and Human Services to review such guidance in advance.

I would like to thank Senators Lugar, Harkin and Boschwitz and their staff who were very involved in the effort to work out the final version of this bill. I know that staff of this Science, Research and Technology subcommittee and staff of the House Agriculture Committee have worked together on this legislation.

Senator Bingaman, who introduced this bill in the Senate, deserves an enormous amount of credit. He, and his staff, have worked tirelessly on this important initiative. Senator Bingaman has been a leader in the Senate in the fight to improve the health and well-being of all Americans and I salute him.

I am a strong believer in the American farmer's ability to provide high quality food at reasonable prices. This legislation provides that dietary guidance issued by the Federal government is fair to the agriculture community, and accurate for the American public.

It is with great pleasure that I endorse this excellent piece of legislation.

STATEMENT OF JAMES HARRELL, ACTING DIRECTOR, OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), ACCOMPANIED BY LINDA MEYERS, Ph.D., NUTRITION ADVISOR, OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, AND CATHERINE WOTEKI, Ph.D., NUTRITION MONITORING, NATIONAL CENTER FOR HEALTH STATISTICS, CENTERS FOR DISEASE CONTROL.

Mr. HARRELL. Good morning Mr. Chairman and members of the committee, I am James Harrell, Acting Director of the Office of Disease Prevention and Health Promotion in the Public Health Service in the Department of Health and Human Services. With me today behind me are Dr. Linda Meyers, Nutrition Advisor in our office, and Dr. Catherine Woteki who is responsible for nutrition monitoring matters in the National Center for Health Statistics, Centers for Disease Control. I'm sort of the designated hitter today but when we take the field I'd like to be able to call upon their expert assistance and, with your permission, Mr. Chairman, I will only summarize the contents of my written testimony.

The National Nutrition Monitoring System is the title that we give to a complex assortment of interconnected Federal activities that provide regular information about the contribution of diet and nutritional status to the health of the American people, and about factors affecting diet and nutritional status. DHHS and the Department of Agriculture (USDA), have primary responsibility for the system. We have jointly prepared a detailed description of the programs that make up the system and published it in the Operational Plan for the National Nutrition Monitoring System, which was updated and submitted to Congress in August 1987.

Within DHHS two components of the Centers for Disease Control—that is, the National Center for Health Statistics and the Center for Health Promotion and Education—as well as the Food and Drug Administration and the National Institutes of Health are active participants in the monitoring system. Their various activities are outlined in more detail in my written testimony.

The cornerstone of the DHHS efforts is, of course, the National Health and Nutrition Examination Survey, NHANES. This survey is conducted by the National Center for Health Statistics, the third one is due to go into the field within the next few weeks. In addition, the Food and Drug Administration's Total Diet Study, its Diet and Health Survey, and its Food Labeling and Practices Survey provide information about the food supply, nutrition attitudes, knowledge, and practices, as well as labeling practices of the food industry.

The Centers for Disease Control's Center for Health Promotion and Education maintains surveillance systems that provide ongoing information about nutrition status and nutrition-related health practices of populations of particular concern, including high-risk pregnant women and pediatric populations.

And the National Institutes of Health conducts research which results in improvements in monitoring methodologies and in strengthening our understanding of the links between nutritional

status, and leading causes of death, disease and disability in the American population.

The information generated by these agencies has proved to be invaluable, both from policy development and practical perspectives. For instance, we are able to track trends in serum cholesterol levels for men and women in our population. We know the extent to which obesity continues to be a prominent nutrition-related problem in our adult population. We are able to state comfortably that Vitamin A status is adequate for the majority of Americans but may still be problematic, particularly for low-income Hispanic children.

We know that iron status is satisfactory for most of the population but that impairments still do occur in specific populations including women of child-bearing age and young children, particularly in low-income and minority populations. We can track significant strides in the right direction regarding anemia among children from low-income families in the six states that participate in the Pediatric Nutrition Surveillance System.

We recognize that our monitoring efforts in DHHS are only part of the total system. The Department of Agriculture carries out a substantial portion of the overall effort, and we have worked together with our colleagues at USDA to insure coordination. Together, we produced Nutrition Monitoring in the United States in 1986; together we now are sponsoring a project to undertake a scientific evaluation of nutrition monitoring data which will lead to a second report to Congress next year.

Recently, we jointly created the Interagency Committee on Nutrition Monitoring, co-chaired by the assistant secretaries of our two departments, with membership from other relevant Federal agencies. We participate on each other's Dietary Guidance Committees, we share materials for public dietary guidance and we work together to bring survey and evaluation instruments into better consistency with one another. While we make no claim to perfection in our efforts to attain consistency and complementarity, we do claim strong commitment to that goal and a lot of effort expended to attain it.

Now I understand the members have asked specifically for me to address the Surgeon General's Report on Nutrition and Health which was released in July of this year. The report represents, as do all Surgeon General's reports, a Public Health Service consensus in this case on the state of the science regarding relationships between diet and disease. Its principal attention is given to chronic disease linkages. Over 50 scientists contributed to writing this 712-page report and 200 expert reviewers poured over its chapters before it was cleared for publication.

Its findings, however, are not startling. First, changing the patterns of what we eat can improve our health. Second, eating too much in general and eating too much of some foods and not enough of other foods can increase our risk of chronic diseases such as heart disease, stroke, some cancers, and lead to complications of diabetes and atherosclerosis. Third, the highest priority for change among the food components of the American diet is reduction of our intake of dietary fat, saturated fat in particular. And fourth, the needed dietary changes converge to address prevention of more

than one chronic disease; fortunately they are not contradictory guidelines.

In short, the Surgeon General's Report provides a strong scientific underpinning for the existing nutritional education policy that is stated in the Dietary Guidelines for Americans, jointly developed by USDA and DHHS.

Finally, I would like to mention that we have already begun with USDA the process of chartering and appointing members for an Advisory Panel on the need to revise the 1985 edition of the Dietary Guidelines for Americans, in readiness for a 1990 publication. As you can see, we are already carrying out a significant part of the mandate envisioned in Title III of the legislation.

With that, Mr. Chairman, I think I'll conclude and thank you for this opportunity. I, with the help of my colleagues, will be happy to answer any questions.

[The prepared statement of Mr. Harrell follows:]

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

STATEMENT

BY

JAMES A. HARRELL

ACTING DIRECTOR

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

PUBLIC HEALTH SERVICE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

SUBCOMMITTEE ON SCIENCE, RESEARCH, AND TECHNOLOGY

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY

HOUSE OF REPRESENTATIVES

September 30, 1988

Mr. Chairman, I am James Harrell, Acting Director of the Office of Disease Prevention and Health Promotion in the Public Health Service of the U.S. Department of Health and Human Services. With me today are Dr. Linda Meyers, Nutrition Advisor in my office, and Dr. Catherine Woteki, who has lead responsibility for nutrition monitoring activities in the National Center for Health Statistics, Centers for Disease Control. I appreciate this opportunity to discuss with you progress we are making in monitoring the nutritional status of the United States population. My testimony will provide a brief overview of the contributions the Department of Health and Human Services (DHHS) makes to the National Nutrition Monitoring System (NNMS), including important data resulting from these programs. I will also discuss our plans for the upcoming National Health and Nutrition Examination Survey (NHANES), the Department's major nutrition survey, and discuss several issues related to the coordination of nutrition monitoring programs.

Nutrition Monitoring in DHHS

The National Nutrition Monitoring System (NNMS) is a complex assortment of interconnected activities that provide regular information about the contribution of diet and nutritional status to the health of the American people, and about factors affecting diet and nutritional status. DHHS and the Department of Agriculture (USDA) have primary responsibility for the NNMS programs. A detailed description of the programs included in the NNMS is included in the "Operational Plan for the National Nutrition Monitoring System," updated by USDA and DHHS in August 1987. I will briefly summarize several DHHS programs that contribute to this system.

Centers for Disease Control (CDC): Within CDC, two centers have major nutrition responsibilities. The first is the National Center for Health Statistics (NCHS), which became a part of CDC during the last year. As the Federal government's principal health statistics agency, NCHS conducts a broad program of data collection and interpretation on all aspects of health, including nutrition. A number of NCHS data systems provide nutrition-related information from personal interviews, examinations, epidemiologic follow-up, and review of health care provider and vital records systems. The major nutrition program of NCHS is the National Health and Nutrition Examination Survey, which I will describe in some detail later.

The second CDC component, the Center for Health Promotion and Education (CHPE), maintains a number of nutrition-related surveillance systems that provide data on high-risk and low-income populations of particular concern. Under the Coordinated State Surveillance System, the nutritional status of high-risk pediatric and pregnant populations is monitored through the collection of data readily available from publicly funded service delivery programs operated by participating State and local health jurisdictions. The pediatric system provides information about the prevalence of overweight, underweight, retarded linear growth, and anemia among high-risk children. The pregnancy surveillance system collects data in regard to anemia, prepregnancy weight, prenatal weight gain, behavioral risk factors such as smoking, birth weight of the child, and breast feeding. As part of a departmental initiative, the collection of surveillance data on nutritional and other risk factors in pregnancy is now being extended in collaboration with State health departments.

3

Another initiative is testing the feasibility of a surveillance system for severe pediatric undernutrition in collaboration with four State health departments.

Since 1984, CHPE has conducted a State-based Behavioral Risk Factor Surveillance System that routinely collects data on the prevalence of behavioral risk factors associated with premature death and disability. These include nutrition-related risk factors such as obesity, hypertension, excessive alcohol consumption, and lack of physical exercise. More than 35 States participate in the Pediatric Surveillance System and the Behavioral Risk Factor Surveillance System, while 14 participate in the Pregnancy Surveillance System. The information obtained from the States is provided back to them for their use in program planning and monitoring of trends.

Food and Drug Administration: The Food and Drug Administration (FDA) maintains several programs that provide information on the safety of the food supply, surveillance for adverse reactions to foods, and public attitudes, knowledge, and practices about food and nutrition. The Total Diet Study monitors on an annual basis the levels in representative diets of various food contaminants and nutrients not covered by other surveys (such as pesticides, heavy metals, and essential trace elements). Through the Diet and Health Survey, FDA periodically surveys the public's attitudes and knowledge of nutrition-related health problems such as hypertension, hypercholesterolemia, coronary heart disease, and cancer. FDA uses the information gained through these surveys to monitor trends in exposure to both beneficial and harmful substances in food, and to

evaluate the need for revisions in food fortification and labeling policy.

National Institutes of Health: NIH is the major agency in the Federal government that supports nutrition research and training as it relates to health maintenance, human development, disease prevention, and disease treatment--$213 million in Fiscal Year 1986. The NIH and its Clinical Nutrition Research Units and Centers support and conduct research on nutritional status assessment and epidemiological nutrition research. Fiscal Year 1986 expenditures for these two categories were $28 million each. NIH studies to develop improved methods of measuring dietary intake, biochemical and clinical indices of nutritional status, and other monitoring-related research are integrated into existing nutrition monitoring programs such as NHANES. In addition to this methodological support, the NIH continues to provide yearly funding for NHANES, for example it will provide an estimated 2.4 million dollars in Fiscal Year 1988. The NIH also performs follow-up studies using NHANES data in order to test hypotheses about the relationship of dietary practices to the incidence of diseases and conditions such as cancer, cardiovascular disease, obesity, and osteoporosis, as well as to study the effect of diet on overall health and longevity. Results of surveys conducted by the NIH on dietary and health practices and attitudes have contributed to the development of nutrition education materials and information dissemination to health professionals and the public. The nutrition research efforts and education programs of the NIH are coordinated through the NIH Nutrition Coordinating Committee.

5

National Health and Nutrition Examination Survey (NHANES III)

The National Health and Nutrition Examination Survey (NHANES), together with USDA's Nationwide Food Consumption Survey, forms the cornerstone of the National Nutrition Monitoring System, as well as serving as the vehicle for other epidemiologic studies. NHANES III, which begins data collection in tehe next few weeks, is the latest of a series of studies involving health and dietary interviews, physical examinations, and diagnostic and biochemical testing of a representative sample of Americans.

NHANES III has two primary nutrition objectives: First, to provide data for the monitoring of nutritional status, including tracking of nutrition-related risk factors and estimation of the prevalence of compromised nutritional status; and second, to provide information useful for studying the relationship between diet, nutritional status, and health.

NHANES III is a truly collaborative study conducted by NCHS with the programmatic and resource support of more than a dozen agencies, centers, and institutes throughout the Federal government. The content of the nutritional component of NHANES III has been planned with recommendations and assistance from a variety of sources. An expert working group sponsored by FDA reviewed data from past NHANES and provided recommendations regarding biochemical and hematologic determinations. A dietary methodology workshop was sponsored by NCHS in March 1986 and provided recommendations for dietary interview methods. In addition to convening special working groups, recommendations and suggestions of topics for inclusion were solicited throughout the Federal government and

from nutrition researchers and other data users outside of the government.

The nutrition component of NHANES III includes body measurements, blood tests for selected indicators of nutritional status, and food frequency and 24-hour dietary recall methodologies that will be used to determine the nutritional status and dietary intake of the population. Interviews also include questions about factors that may influence nutritional status such as meal program participation, the nature of home water supply, history of anemia, infant feeding practices, use of vitamin/mineral supplements, and eating habits and lifestyles.

NHANES III represents an improvement over earlier surveys. New features include a longitudinal component that will allow follow-up and possible reexamination; automated data collection; and long-term biological specimen banking. These features will increase the scientific yield from the survey and will allow for greater timeliness and responsiveness. In addition, the age range of the NHANES sample will be extended to include persons ages two months and above. Special sampling of infants, children, the elderly, and minority groups such as blacks and Hispanics will also permit estimates of the health and nutritional status of these groups.

Uses of Nutrition Monitoring Data

We have found that the information generated by the Department's surveillance and monitoring systems is invaluable. The descriptive information helps in program planning at both the State and Federal levels by contributing to our understanding of the nature and magnitude

of nutrition-related health problems in the population. Surveys such as NHANES provide national reference data that can be used as benchmarks for smaller studies and in clinical practice. One of the best examples of this application is provided by the NCHS/CDC Growth Charts that are used to monitor the growth of children both here and abroad. The data from this survey are also vital to assessing the need for changes in fortification policies and other regulatory activities which assure the nutritional quality of the food supply. Finally, the surveys conducted by the monitoring system can be used in epidemiologic research to study the relationships among diet, nutritional status, and disease. Some recent examples of information from the Department's nutrition monitoring efforts include:

- Serum cholesterol levels have declined significantly among adult men and women, but mean levels still exceed the desirable level of less than 200 mg/dl and about 57 percent of adults ages 20-74 years old have levels higher than 200 mg/dl. Since many people can lower serum cholesterol with dietary change, the prevalence of high serum cholesterol in the U.S. population is an important nutrition-related problem nationally. We know that the levels of HDL-cholesterol are higher among women than men, and higher among black men and women than among whites. These findings from the National Health and Nutrition Examination Surveys are being used to help target the National Cholesterol Education Program, which is lead by the National Heart, Lung, and Blood Institute of NIH.
- Obesity continues to be a prominent nutrition-related problem among adults. NHANES data continue to show that approximately 25

percent of Americans are overweight. Among women, rates of obesity are much higher among those who are black than those who are white. The Behavioral Risk Factor Surveillance System reported that the highest prevalence of overweight among adults was observed in West Virginia, and the lowest in Utah and Hawaii.

- The vitamin A status for the vast majority of the population is adequate; however, for Hispanics inadequate intakes may exist. Since the early 1970s, surveys have shown that Hispanic children have a higher prevalence of low serum vitamin A values than non-Hispanic white children. The Hispanic Health and Nutrition Examination Survey has found that the higher prevalence among Mexican American children is probably attributable more to poverty and related environmental factors than to ethnicity.
- Iron status for most of the population is satisfactory, and addition of more iron to the food supply is not warranted. However, some segments of the population continue to have impaired iron status which needs treatment, for example through dietary changes or use of supplements. Impaired iron status occurs more frequently among women of childbearing age and young children, with the highest prevalence occurring among minority groups and those living below the poverty level. In the Hispanic Health and Nutrition Examination Survey, impaired iron status was observed in 9.9 percent of Mexican-American women, approximately double the rate observed in non-Hispanic white women who were 20-44 years of age.

9

- The prevalence of anemia among children from lower-income families residing in six states participating in the Pediatric Nutrition Surveillance System declined by 60 percent between 1975 and 1985, but it is still higher than that among children from middle-income families. Iron nutriture is usually related to socioeconomic status; however, because of the magnitude and consistency of the decline, and relatively constant family income in the sample states, the decrease in anemia is unlikely to be related to changes in the overall socioeconomic background of children included in the surveillance system. Rather, changes in the prevalence of anemia appear to be due to the beneficial effects of nutrition assistance and public health programs targeted to the low-income population, and to more widespread fortification of infant foods with iron.
- According to the NCHS National Health Interview Survey, 36 percent of children under 18 years of age used vitamin or mineral supplements in the two weeks prior to their interview. This level of use is in contradiction to recent recommendations from the American Academy of Pediatrics which stated that supplements usually were not indicated for healthy children over 6 months of age. Analysis of data from the second National Health and Nutrition Examination Survey found that iron nutritional status among children was not associated with supplement use, suggesting that most children already were receiving sufficient amounts of iron in their diets.

- In the 1970s, the Total Diet Study indicated that intake levels of iodine may have ranged up to 10 times the Recommended Dietary Allowances, raising concern about the potential for adverse health effects. This information triggered close attention to identification and control of sources of iodine added to the food supply, and there has been a decrease in the very high levels of iodine in food.

Management and Coordination of Nutrition Monitoring Activities

Nutrition monitoring programs in DHHS, though decentralized, are linked and coordinated through interagency mechanisms, such as the DHHS Nutrition Policy Board. Participation of each of the PHS agencies in the planning for NHANES III is one example of the depth of interagency collaboration within DHHS. Over the last several years, in response to the interest of both the Congress and our own nutrition researchers, we have made concerted efforts to broaden collaboration and coordination between DHHS and USDA--particularly between NCHS and USDA's Human Nutrition Information Service (HNIS), managers of the two primary nutrition survey programs. NCHS and HNIS interaction now includes: quarterly coordinating committee meetings to address technical issues; collaboration on the production of Nutrition Monitoring in the United States, the report to Congress from the Joint Nutrition Monitoring Evaluation Committee; agreement to base the surveys of both agencies on the USDA Nutrient Data Bank; and dealing with a wide range of comparability issues between their respective surveys.

On a broader scale, DHHS and USDA are jointly sponsoring a contract to the Life Sciences Research Office of the Federation of American Societies for Experimental Biology for a scientific evaluation of nutrition monitoring data that will lead to the second report to Congress on nutrition monitoring. Management of this project is under the direction of a joint steering committee with representatives of all major nutrition monitoring data generators and users in both departments. NCHS is the Executive Secretariat for the project.

Finally, we have established the Interagency Committee on Nutrition Monitoring to further facilitate coordination among the two core surveys and other Federal surveys that contain nutrition monitoring components. The committee, now meeting at least three times each year, is co-chaired by the Assistant Secretary for Health, DHHS, and the Assistant Secretary for Food and Consumer Services, USDA, and includes representatives from Federal agencies conducting nutrition monitoring activities as well as those agencies using nutrition monitoring data. It works closely with the existing Interagency Committee on Human Nutrition Research.

In short, we have devoted a great deal of effort to establishing mechanisms to improve coordination of the National Nutrition Monitoring System, and have now moved to address substantive issues. In many respects, we have been successful. Regular interchange between staff and managers of DHHS and USDA nutrition monitoring programs has led to better joint planning efforts, and surveys have been made more comparable. Many of the steps proposed in S. 1081 and other legislation have been taken administratively, and other improvements will be pursued in the future. Our experience has also been instructive for our future steps and use in

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assessing legislation such as S. 1081. We have learned that formal coordinating mechanisms are not a substitute for direct interchange at the researcher-scientist level, and that it is the initiative and interest of professionals in programs of each of the Departments that most often lead to real progress. We have also learned, as the National Academy of Sciences concluded in 1984, that there are real and legitimate differences between the missions of USDA and DHHS monitoring programs. These differences often influence the degree of comparability and uniformity that can be achieved.

Coordination of Dietary Guidance Information

DHHS is committed to providing scientifically accurate, consistent dietary guidance to the population using the framework of the Dietary Guidelines for Americans, and was, in fact, the major drafter of the first Dietary Guidelines for Americans issued in 1980, and a partner in the preparation of the 1985 revision. As part of its nutrition-related activities, DHHS coordinates dietary information within the Department and between the Department and other Federal agencies through a variety of formal and informal channels. The principal mechanisms for formal coordination include:

The Subcommittee on Dietary Guidance of the DHHS Nutrition Policy Board. The mandate of this subcommittee is to coordinate DHHS agency activities that offer dietary guidance information targeted to the healthy American population, to ensure the consistency of such activities with the principles established in the Dietary Guidelines for Americans, to encourage development of coordinated DHHS positions on dietary

guidance, and to increase the levels of cooperation and coordination between DHHS and USDA in order to facilitate consistency in dietary guidance from Federal sources. Membership of the subcommittee includes representatives from DHHS agencies that produce dietary guidance information as well as a liaison representative from USDA.

USDA Dietary Guidance Working Group. A DHHS liaison representative attends meetings of this committee which is responsible for reviewing USDA dietary guidance publications.

USDA/DHHS Nutrition Education Committee for Maternal and Child Nutrition Publications. This committee functions to promote joint efforts between USDA and DHHS on educational materials related to maternal and child nutrition in order to assure consistency of content, to avoid duplication, and to make more effective use of resources. In 1987, this committee developed materials on nutrition in adolescent pregnancy, cross-cultural nutrition counseling, and nutrition resources for American Indians and Alaskan Natives.

In addition to these mechanisms, each DHHS agency has developed its own internal review procedures for dietary guidance publications. These procedures are coordinated through the Nutrition Policy Board Subcommittee on Dietary Guidance.

Surgeon General's Report on Nutrition and Health. After four years of intensive effort, involving some 50 contributing writers and 200 expert reviewers, the first Surgeon General's Report on Nutrition and Health was published in July 1988. The Report reviews the scientific findings from over 2,500 articles that link diet and disease. The major findings are: (1) Changing the patterns of what we eat can improve our

health. (2) Eating too much in general and eating too much of some foods and too little of other foods can increase our risk of falling prey to serious diseases, including heart disease, cancer, stroke, complications of diabetes, and atherosclerosis. (3) The most important category of nutrients to be addressed in responding to these first two points is the fat that we eat: reducing intake of fat is the dietary priority from a preventive health point of view. And (4) there is a convergence of dietary changes that will reduce the risks of more than one major disease. In other words, we don't have to follow one set of guidelines to help us avoid cancer and another contradictory, set of guidelines to avoid heart disease and stroke. In short, the findings of the Surgeon General's Report provided strong, scientific underpinning for the already existing Dietary Guidelines for Americans, jointly developed and published by USDA and DHHS. The target audience for the 712-page report is principally policy-makers and health care providers.

1990 Dietary Guidelines for Americans. Together with USDA, we have begun the process of chartering and appointing an advisory committee to consider and, if warranted, recommend necessary revisions to the Dietary Guidelines for Americans. The result of the advisory committee's work will allow us to stay on the five-year schedule for updating the guidelines and to publish revisions, as warranted, in 1990. The Surgeon General's Report, as well as a report being prepared by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences, will serve as scientific background for the committee's determination of whether revisions are needed.

We are proud of our accomplishments in promoting excellence in nutrition monitoring, nutritional epidemiology, dietary guidance, and the management and coordination of the National Nutrition Monitoring System, and we look forward to pursuing these efforts even more intensively in the future.

Mr. Chairman, I appreciate your interest and that of your Committee in this area, and I thank you for the opportunity to speak with you today. My colleagues and I would be happy to respond to your questions.

Mr. WALGREN. Thank you, Mr. Harrell. Dr. Harris?

STATEMENT OF SUZANNE S. HARRIS, Ph.D., DEPUTY ASSISTANT SECRETARY, FOOD AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE

Dr. HARRIS. Thank you, Mr. Chairman and members of the committee, I am pleased to be here today to share with you the United States Department of Agriculture's views on S. 1081 as the substitute amendment, the National Nutrition Monitoring and Related Research Act. As you have suggested, I will keep my remarks to a summary statement with the idea that my full statement will be included in the record.

Department of Agriculture shares your view about the importance of the National Nutrition Monitoring System. We also feel that five to ten years ago those who complained about the lack of coordination and timeliness of the system were well justified. At that time, USDA was collecting food consumption data only every ten years and the reporting and analysis of these date were slow, and there was little coordination between our department and the Department of Health and Human Services.

But this is not the case today, in part because of the continuing interest in the system by Congress. It is now important that we focus our attention on the Nutrition Monitoring System as it is today rather than as it was in the late 1970's or early 1980's. Today, USDA has continuous monitoring activities.

Beginning in 1985, we conducted surveys designed to identify trends in food consumption patterns. These were focused at high-risk groups—low-income women and their children, as well as all-income women 19 to 50 years of age and their young children. A similar survey was conducted in 1986. Data release began six months after data collection was completed, and we will complete the release of the last of these data from 1986 this year.

We have just completed data collection for the 1987-88 Nationwide Food Consumption Survey. This is the large decennial survey which collects individual dietary intake data for three days as well as household food expenditure information. It's collected from a nationally representative sample of the whole U.S. population with a separate low-income sample.

In April of 1989 we will begin the continuing survey of food intakes by individuals again, utilizing the continuous moving average concept for the whole population and for a separate low-income sample. This survey will contain a unique feature. For the first time, a federal survey will collect dietary intake data and knowledge and attitude data about diet from the sample population. Both the 1987-88 Nationwide Food Consumption Survey (NFCS) and the continuing survey beginning again in 1989 will be more fully comparable with the third National Health and Nutrition Examination Survey (NHANES). These surveys will use the same food codes and nutrient composition data base; their questionnaires were compared to insure maximum comparability among variables. Data collection methods and report documentation are being scrutinized to increase comparability.

I am sure you will agree that these are the outcomes that S. 1081, the substitute bill, is designed to obtain. We have a comprehensive plan, the 1987 Operational Plan, which was delivered to Congress a year ago. We have designed a management structure, the Interagency Committee for Nutrition Monitoring, which my colleague, Mr. Harrell, referred to. This committee will facilitate further coordination to achieve a truly comprehensive and fully coordinated network of monitoring activities across the federal government. We have a reporting mechanism for Congress in place and will continue to provide summary reports based on the total body of monitoring data at regular intervals. We have been and will continue to work with states and local communities to provide technical assistance in their monitoring activities.

We are also working to improve the research direction given to the Human Nutrition Research Centers at USDA so that we can continue to improve methods and standards used in these surveys.

What would this bill provide that we do not currently have in place? Without substantial new appropriations, the bill's outcome would be an advisory committee, two additional reports to Congress each year and some budget figures. While we certainly value input from the private sector about the monitoring system, we are focusing on a broader, more flexible structure to encourage such input rather than the formal advisory council system proposed in the bill.

As for reports, we are very interested in keeping Congress fully informed about our plans and progress. We plan to continue our practice of the last few years of regular communication with the various committees that have expressed interest in monitoring. We have chosen these avenues because they provide the same outcomes as the mechanism supported through this bill, but do not present as much of a burden to the agencies involved. Funds and staff are precious, and I'm sure you agree that these resources should be primarily invested in data collection and analysis.

It is important to note that Congress has consistently provided a lower appropriation for the Human Nutrition Information Service (HNIS), the USDA agency responsible for monitoring, than what was requested by the Administration. At the same time, the agencies' responsibilities continue to increase. This bill will add substantial burden because of the congressional micro-management built into the bill.

Aside from these procedural concerns, we also have concerns about some of the language used in the bill. For example, one component of the Comprehensive Plan is a survey that collects statistically reliable estimates for all the various high-risk groups with respect to geopolitical or geographic areas. Collecting food consumption data annually in every state or county would be a prohibitive undertaking. It is unclear what is meant by the nutritional quality of the food supply. Though farfetched, this could be construed as requiring lists of good foods and bad foods.

For these reasons, the Department of Agriculture opposes the enactment of this bill. The bill also refers to dietary guidance. USDA has a long tradition of nutrition research and of translating these research findings into usable information for the healthy American public. The Food and Agriculture Act of 1977, Public Law 95-113,

designated USDA as the lead agency of the federal government for research, extension and education in food and agricultural sciences, which by definition includes human nutrition.

We have taken seriously the direction of the House Appropriations Committee to encourage the federal government to speak with one voice when issuing dietary guidance. The voice is that of the Dietary Guidelines for Americans which Mr. Harrell referred to. These are qualitative directional guidance for the healthy American public. We, as he mentioned, are joining with the Department of Health and Human Services to again review these guidelines, using an advisory committee process. USDA has an ongoing nutrition education program based on these guidelines.

Thank you, Mr. Chairman, for the opportunity to share my views with you and with the committee, and I will be pleased to answer any questions you may have.

[The prepared statement of Dr. Harris follows:]

TESTIMONY OF SUZANNE S. HARRIS

DEPUTY ASSISTANT SECRETARY FOR FOOD AND CONSUMER SERVICES

U.S. DEPARTMENT OF AGRICULTURE

BEFORE THE

COMMITTEE ON SCIENCE, SPACE AND TECHNOLOGY

UNITED STATES HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 1988

Mr. Chairman and members of the Committee, I am Suzanne Harris, Deputy Assistant Secretary for Food and Consumer Services for the U.S. Department of Agriculture. I would like to thank you for the opportunity to discuss the Department's nutrition monitoring activities and to comment on S.1081, the National Nutrition Monitoring and Related Research Act. I am pleased to join with our fellow nutrition monitoring collaborators at the Department of Health and Human Services (DHHS) to share with you the progress we are making and our vision for the future of the Nutrition Monitoring System.

One year ago, the U.S. Department of Agriculture (USDA) and DHHS submitted a Joint Operational plan for the National Nutrition Monitoring System (NNMS). This plan, covering 1987-1996, is our update of the 1981 Implementation Plan mandated by Congress (as called for in S.1081 Title I, Sec. 102(a)(2). The new Operational Plan describes three broad goals for us to work toward during this ten year period. They are: achieve a comprehensive system through coordination among NNMS components; improve information dissemination and exchange; and improve the research base for nutrition monitoring. I believe these goal's address most, if not all, of the purposes stated in the Bill you are considering.

My remarks today will cover the activities USDA is committed to performing and how these contribute to the goals of the NNMS Operational Plan. First, how are we achieving a comprehensive

system through coordination of the NNMS components? The Appendix Table I of the Operational Plan lists the many components of the NNMS by the type of data they provide. For your convenience, I have included with this statement, a temporal chart showing only USDA's surveys and the National Health and Nutrition Examination Survey (NHANES) of DHHS (Attachment I). The Human Nutrition Information Service (HNIS) is the lead USDA agency for nutrition monitoring. Up to now, the coordination emphasis has been on the major monitoring activities,USDA's Nationwide Food Consumption Survey (NFCS). Much progress has been made here. For example, NFCS-1987-88 (just completed) and NHANES III, scheduled to begin later this year, will use a single food-coding system and nutrient data base that is maintained by USDA.

The questionnaires used in recent NHANES and tentative changes proposed for use in NFCS-1987-88 were compared prior to the beginning of the NFCS-1987-88 data collection. Thirty-eight variables were studied by a joint working group from USDA's HNIS and DHHS's National Center for Health Statistics (NCHS). For many of these variables, little or no difference existed between the two questionnaires. Improvements were made to attain closer linkage where possible.

For a few variables, i.e., definition of income, there were conceptual differences related to the different purposes of the

two surveys. This should not be viewed as a weakness. NNMS provides data for many different purposes. It is not possible to design a single survey that will adequately meet the divergent needs of these two surveys. Recognizing these differences is essential and we have documented the changes we made in the NFCS 1987-88 questionnaire.

Another joint working group reviewed the dietary intake methodology used by both NFCS and NHANES -- the 24-hour recall -- for comparability and suggested changes. These included use of the same food codes and nutrient data base for both surveys and addition of the NFCS set of measurement aids to the NHANES set of models.

Once again, identical procedures were not possible because of fundamental differences in how these surveys are conducted. A report of the suggestions and how they might be implemented is available.

Improvements in data reporting will also be put in place with NFCS-1987-88 and NHANES III. For example, the same age groupings will be used by both as well as similar documentation formats for both printed reports and data tapes. This review process for comparability was used to examine the NHANES III questionnaire before its final clearance and we will use the 1989 Continuing Survey of Food Intakes by Individuals (CSFII) for comparability

with NFCS-1987-88.

Now, our task is to improve our coverage of monitoring activities. To facilitate this, DHHS and USDA have established the Interagency Committee for Nutrition Monitoring (ICNM) chaired by the Assistant Secretary for Health, DHHS, and the Assistant Secretary for Food and Consumer Services, USDA (as called for in S.1081, Title I, Sec.101(c)). This will be a parallel group to the Interagency Committee for Human Nutrition Research (ICHNR). The new ICNM has representatives from each of the USDA and DHHS agencies involved in monitoring activities as well as representatives from the Department of Defense (DOD), the Department of Commerce (DOC), the Department of Labor (DOL) and the Veterans Administration (VA). We envision that the ICNM will set up working groups to address specific topics and will interact closely with the ICHNR.

We already have a draft of the NNMS Directory (as called for in S.1081, Title I Sec.103(b)11) which describes the various NNMS activities in detail. This should be a useful tool for interested parties inside and outside the Federal Government.

The Operational plan points out two other important objectives as part of the coordination goal - improved timeliness and coverage of high risk individuals, both of which are addressed in S.1081. USDA has designed the CSFII with these goals in mind. This

survey was initiated in 1985. We have completed two years of data collection from specific high risk groups -- women 19-50 years of age and their children 1-5 years of age, including a separate low-income sample as mandated by the 1985 Food Security Act. A sample of men, 19-50 years of age, was included in 1985.

The first results of the 1985 CSFII were released six months after data collection was completed. Less than two years after the completion of the 1986 data collection, we have completed the release of all but one of the reports and data tapes from both the 1985 and 1986 surveys. This final report covering the 1986 low-income survey will be available by December. We are extremely proud of this new effort and its timeliness record.

It is the first attempt to assess a national sample on a continuous ever initiated in this or any other country. The ability to track and forecast dietary problems on a continuous basis is increasingly important as Americans respond to shifts in variables that affect diet, such as employment, family makeup, income, and perceptions about diet/health relationships. The CSFII results have already been useful to USDA and others in formulating and justifying policies relating to food production and marketing, food assistance programs and dietary guidance. For example:

o Nutrient distributions of 4-day dietary intakes suggest

that folacin, iron, zinc, vitamin B-6, magnesium and calcium pose the greatest dietary problems for women. These are the same six problem nutrients identified in the 1977 NFCS. These findings are true regardless of income.

- Most children studied, especially among those 1-3 years, failed to meet the RDA for iron, zinc and calcium.

- Appropriate targeting of the Food Stamp Program was shown: households receiving food stamps fared as well or better nutritionally as those food stamp eligible households who were not program participants. This was despite the fact that the households participating in the Food Stamp Program had lower incomes than the eligible but non-participating households.

- Changes in eating patterns were apparent when the 1985-86 data were compared to the 1977-78 NFCS. Women were eating more low-fat milk and less red meat. The overall percentage of calories from fat declined to 36 percent. The change in meat consumption was most dramatic for high-income women. Interestingly, they did not reduce their portion of calories from fat, because they got more of their fat from creamy desserts, salad dressings, table fats and cheeses for the nutrient-dense red meat.

8

- Consumption of 300 milligrams or less of cholesterol, as suggested by the National Heart, Lung and Blood Institute, was achieved in 62 percent of the women's 4-day diets.

- Only 12 percent of women had fat intakes over four days that furnished less than 30 percent of calories; 33 percent had diets with fat providing less than 35 percent of calories. Those women whose diets were below 35 percent of calories from fat had lower mean intakes of calcium, iron and zinc than other women had.

The CSFII will be reinstated in 1989. The survey has been redesigned to support moving-average reporting as a cost-effective means of providing trend information in a timely manner. The moving-average approach, recommended by two National Academy of Science's committees, will be used in CSFII to provide annual estimates of three days of dietary intakes for all sex-age groups. This approach is one required by S.1081 as well (Title I, Sec. 103(b)2). The collection of three days of intake data is an important aspect of all USDA surveys. One-day intakes are appropriate for estimating mean nutrient intakes by population segments. However, research indicates that data on individual food intakes for at least three days are needed to assess the proportion of the population meeting standards such as the Recommended Dietary Allowances.

9

Another aspect of the CSFII is a first. The CSFII has been designed to accommodate modules from other agencies with concerns relative to nutrition monitoring. A cooperative effort among HNIS, DHHS's Food and Drug Administration (FDA) and USDA's Food Safety and Inspection Service (FSIS) was established to conduct a survey on consumer attitudes on diet/health issues as a followup to the 1989 CSFII. This project represents the first time that a nationwide sample will be used to study the relationship between individuals' actual dietary intakes and their attitudes about dietary behavior. Such cooperative ventures build on the FDA experience in conducting attitude surveys and HNIS experience in conducting food consumption surveys.

NFCS data collection began in April 1987 for the comprehensive survey required by S.1081, Title I, Sec. 103(b)1. In addition to data on intakes of individuals, the decennial survey includes information on the foods used by households during a seven day period and the cost of those foods. Food intake his survey will form the research basis for a new revision of the Thrifty Food Plan -- the basis for Food Stamp Program allotments. A Computerized model will be used to form the food plan with minimizes deviation from food consumption patterns of low-income households from the survey while meeting nutritional specifications at given costs. The data being collected are generally comparable to those collected in NFCS 1977-78. We are conducting a study to assess the effect of procedural and data

base changes between NFCS 1977-78 and NFCS 1987-88 on food intakes reported by individuals in the surveys; we call this a "bridging survey." We expect the first reports on NFCS to be out by early 1989.

CSFII, with its yearly data collection and reporting, is both economical and flexible. It maximizes staff productivity and provides a flexible structure into which topical issues and methodological investigations can be incorporated. The combination of the decennial surveys (NFCS) and the other smaller continuous surveys has several advantages. The decennial surveys will provide data from sufficiently large groups to study differences among population segments with regard to socioeconomic factors associated with food consumption and expenditure patterns. The smaller surveys will be used to monitor trends in food intakes by the general and low-income populations. The option is available to target additional high risk populations on a yearly basis.

In designing these surveys and their questionnaires, we contacted government agencies and individuals in academia, -industry and public health nutrition for input, in addition to the close collaboration with NCHS described earlier.

The second goal of the 1987 Operational Plan is to improve information dissemination and exchange, again a goal covered by

S. 1081. The Departments have implemented a reporting system that integrates the results of the monitoring system components into common reports. The first report to congress on the nutritional status of the population was made in 1986 by a Federal advisory committee (Joint Nutrition Monitoring Evaluation Committee) jointly sponsored by USDA and DHHS. This report provided baseline data for dietary status and health status. A second report will include an update on the dietary and nutritional status of the US population based on survey data released since publication of the first report. It will also include an indepth analysis in nutritional factors affecting cardiovascular disease and iron nutriture. The Life Sciences Research Office (LSRO) of the Federation of American societies for Experimental Biology (FASER) is preparing this scientific evaluation and interpretation of NNMS data. An ad hoc Expert Panel on Nutrition Monitoring, composed of persons outside the Government who represent a variety of disciplines, including agriculture economics, nutrition, behavioral science, epidemiology, public health and statistics, was selected by LSRO and has begun working. Through the joint steering committee, USDA has briefed the Expert Panel on USDA monitoring activities and on results from the CSFII. We are providing analytical support also. we expect the LSRO report to be ready in April 1989. It will be used by the Assistant Secretaries in preparing the report to Congress. A similar reporting system is required by S.1081 (Title I Sec.102(a)8).

We are continuing to work with state and local groups interested in nutrition monitoring to increase the usefulness of our data to them. USDA and DHHS participated in several workshops sponsored by the Association of State and Territorial Public Health and Nutrition Directors (ASTPHND) during 1986 and 1987. These were practical sessions designed to improve the state and local personnel's knowledge of the NFCS, CSFII and NHANES data files. Such activities are called for in S.1081 (Title I, Sec.102(a)7).

We currently sponsor the National Nutrient Data Base Users group which meets annually to discuss issues pertinent to this food composition data base. Later this year, we plan to begin an NFCS's User's group along the model of the NHANES User's group sponsored by FDA. These groups bring data users together for the purpose of learning more about how to use these large data bases effectively.

At the same time, such gatherings give USDA an opportunity to receive valuable input for improvement of the data system. However, we are aware that many interested individuals and groups may not have easy access to up-to-date information about the NNMS. We are exploring several ways to communicate our activities more widely in an efficient and cost effective manner.

USDA continues to provide indepth analysis of the CSFII and NFCS

data bases with specific emphasis on policy relevant issues, including those relating to agriculture, food assistance, and nutrition education. Most of his work is done through competitive cooperative agreements with universities. Eight such studies are underway using the 1985-1986 CSFII and the three new agreements have recently been signed using data from the household food use portion of the 1987 NFCS. A list of research project titles and the cooperators is attached (Attachment II). The final goal of the 1987 Operational plan is to improve the research data base for nutrition monitoring, again a point addressed by S.1081. A subcommittee for nutrition monitoring research has been formed within the ICHNR under the direction of the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion), DHHS, and the Deputy Assistant Secretary for Food and Consumer Services, USDA. The committee is made up of representatives from HNIS, Agricultural Research Service (ARS), FDA, NCHS, Center for Disease Control (CDC), National Institutes of Health (NIH), VA and DOD. This group is discussing ways to prioritize research needs and coordinate research activities in the high priority areas.

Such a system of identifying and prioritizing research needs works well within USDA. HNIS and the Nutrition Composition Laboratory of ARS have a well organized system of priority setting with respect to food consumption data. Such nutrient data are an essential part of the nutrition monitoring system. The

Department has made significant advances in the past decade in nutrient analyses and the National Nutrient Data Bank. In 1977, reliable nutrient data were available to evaluate the intakes of individuals for calories and 14 nutrients. By 1985, reliable data were available for 28 nutrients. Added nutrients and other food components include many considered to be of public health importance -- cholesterol, fatty acids, dietary fiber, sodium, potassium, carotene, folacin, zinc, copper and vitamin E. Not only has the number of nutrients been expanded, but the quality of the food composition data has increased significantly. This is due to improved methods for laboratory analysis as well as improved sampling on a nationwide basis of those foods that contribute significantly to the intakes of specific nutrients.

Progress in relation to long-term plans for the revision of Agriculture Handbook No. 8 -- "Composition of Foods...Raw, Processed, Prepared" -- continues. To date, 16 of some 22 sections have been published. The remaining six sections are expected to be completed by 1990 with revisions of already published volumes well underway.

One of the primary problems in keeping pace with health and disease concerns is anticipating which nutrients will be a major concern in the future. In 1985, when it was hypothesized that selenium might he a deterrent to cancer, major emphasis was directed towards determining the selenium content of foods.

Because the selenium content of a specific food varies depending on where it is grown, this work required a major sampling of foods across the country. However, by 1989-90, we expect to be able to add selenium to the nutrient data base for evaluating intakes from the 1989-93 CSFII.

During the past year, we have begun to focus more closely on possible coordination on nutrition monitoring research priorities at all the ARS Human Nutrition Research Centers. The process includes regular meeting of the Center Directors with the HNIS administrator and staff. From these informal exchanges, a greater understanding of the problems at hand is achieved. HNIS also works with universities to answer specific research questions. For example, the Department has undertaken 13 major methodological studies in the past 12 years (Attachment III). These studies were designed to increase the validity and reliability of survey results while minimizing costs. They expanded understanding of many survey elements including interview modes (mail, telephone, personal), respondent support needed (probes), measurement aids for more precise estimation of portion size, reliability of surrogate reporting, respondent burden, number and spacing of days to sample, varied sizes of nutrient data base, response errors, and food frequency questions. Several studies were directed at determining the appropriate data collection methodology for CSFII, improving the timeliness of data reporting, and at increasing responses from

minorities (Blacks, Mexican-Americans, and American Indians and the elderly). A summary of these studies is available. The total cost of these studies was $4,471,000. It should be clear from these comments that USDA has a serious commitment to the NNMS and is working diligently to improve the system in feasible and cost effective ways. The Department's FY'88 budget contains $5,889,000 for monitoring activities carried out by HNIS. Additional human nutrition research is conducted by the USDA through other agencies - ARS and the Cooperative State Research Service (CSRS). A series of budget tables are attached (Attachment IV). These tables are part of the 1987 Report on USDA Human Nutrition Research and Education Activities mandated by the 1985 Food Security Act. S.1081 would not add to the NNMS in our opinion, rather it would delay further implementation of many of the activities I have described here. As I have already stated, USDA and DHHS have taken a number of steps over the past few years to improve the NNMS. We believe these efforts are completely compatible with the purposes set forth in Section 2 of S.1081.

There are a number of specific provisions in S.1081 which we do not support. The bill primarily sets up a management structure for NNMS and details very specific requirements for a comprehensive plan. In addition to the Interagency Board which we have put in place, S.1081 requires a nine member Advisory Board and suggests an Administrator. With or without an

Administrator and his staff, the requirement of the Advisory Board and the preparation an annual report by the Board, in addition to a report from the Secretaries will place significant burdens on those agencies responsible for collecting and analyzing the monitoring data. S.1081 requires two grant programs to be set up. One is a competitive grants program to "accelerate the development of uniform and cost-effective standards and indicators for the assessment and monitoring of nutritional and dietary status for relating food consumption patterns to nutritional and health status" (Title I, Sec. 102(a)4). The other is a grant program "to encourage and assist state and local governments in developing the capacity to conduct monitoring and surveillance of nutritional status, food consumption and nutrition knowledge and in using such capacity to enhance nutrition services" (Title I, Sec.102(a)5). Title I, Sec. 105 requires the secretaries to coordinate appropriate scientific research and development by the National Science Foundation, National Aeronautic and Space Administration, National Oceanic and Atmospheric Administration and the National Bureau of Standards, as well.

Perhaps the most onerous portion of S. 1081 is Title I, Sec. 103(b)2, which requires by 1990, a new survey or at least one in addition to NHANES and NFCS. This new survey will be a "stratified probability sample of the people of the United States designed to permit statistically reliable estimates of high

risk groups and geo-political area or geographic areas .... I am not sure what several of these terms mean. Is geo-political area a voting precinct? If so, this will be an enormous undertaking. What are the high risk groups? Earlier in S.1081, the term was defined as "preschool and school-age children, pregnant and lactating women, elderly individuals, low-income populations, blacks, Hispanics and other groups" (Title I, Sec.103(a)1). Although the Secretaries are given discretion here, one survey providing statistically reliable estimates for all these categories would be very large.

We welcome ideas from anyone interested in NNMS, but we believe S.1081 would present serious management burdens and delay improvements in the valuable activities already underway.

S. 1081 also addresses the issue of dietary guidance. USDA has a long history of human nutrition research and of translating these research findings into usable information for the healthy American public. The Food and Agriculture Act of 1977 (PL 95-113) designated the USDA as the lead agency of the Federal Government for research, extension and teaching in food and agricultural sciences, which by definition, included human nutrition. With this legislation, Congress supported USDA's traditional emphasis on the nutritional needs of normal, healthy individuals rather than the needs of individuals requiring clinical or therapeutic dietary support. In Section 1421, the

1977 Act of the states "It is hereby declared to he the policy of the United States that the Department of Agriculture conduct research in these fields of human nutrition and nutritive value of foods and to conduct human nutrition education activities..."

Within USDA, eight agencies have ongoing programs which promote and implement the Dietary Guidelines for Americans. These agencies and their primary food and nutrition information and education responsibilities are:

- The Extension Service (ES) operates Food and Nutrition Education Programs in partnership with the Cooperative Extension System to disseminate knowledge and applied research directly to the general public. ES also operates the Expanded Food and Nutrition Education Program (EFNEP), a mandated program for low income families and youth.

- The Human Nutrition Information Service (HNIS) coordinates dietary guidance policy, develops research-based dietary guidance materials for the general public, and reports results from its research in food composition, food consumption, and nutrition education to professionals.

- The National Agricultural Library (NAL), through its Food and Nutrition Information Center (FNIC), collects and (disseminates information on a wide range of nutritional

topics and accumulates and loans nutrition education materials to educators).

- The Agricultural Research Service (ARS) and the Cooperative State Research Service (CSRS) report results from their programs of food and nutrition research usually to professional audiences.

- The Food Safety and Inspection Service (FSIS) is responsible for the safety, wholesomeness and accurate labeling of meat and poultry products and for informing the public on safe handling of these foods.

- The Agricultural Marketing Service (AMS) is responsible for the grading of foods and for the accuracy of promotional materials of some commodity groups.

- The Food and Nutrition Service (FNS) supports the nutrition education components of food assistant programs they administer -- Child Nutrition, WIC, Food Stamp.

- Office of Governmental and Public Affairs (OGPA) provides, reviews and coordination of all food and nutrition information disseminates by USDA.

A more complete description of these activities and the

Department's overall nutrition education plans is found in the 1986 USDA Comprehensive plan for National Food and Human Nutrition Research Program and in the recently released 1987 Report on USDA Human Nutrition Research and Education Activities.

Among our newest activities are:

- a Home Economics Teacher's Guide for teaching the concepts of the Dietary Guidelines, which is now available.

- the National School Lunch Program's recipe card file which has been revised, taking into account the Dietary Guidelines. These were distributed this past summer.

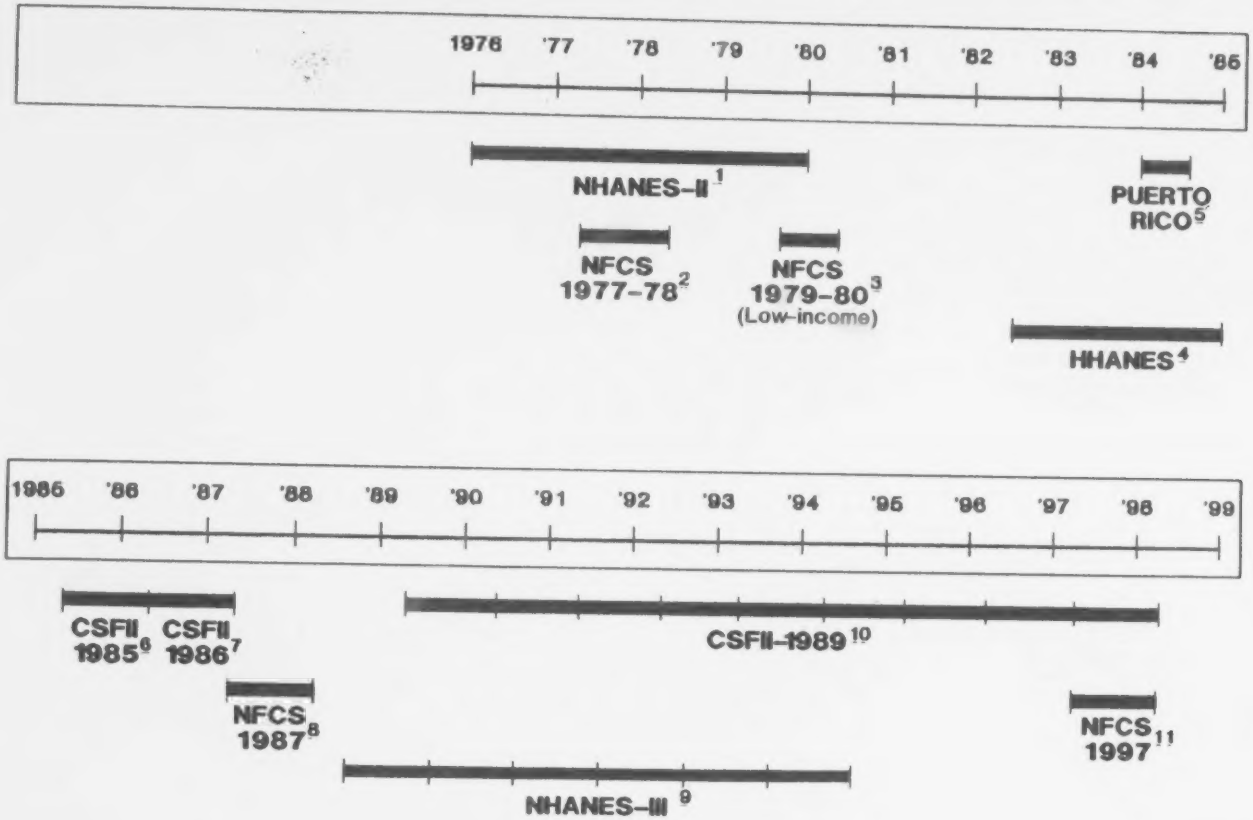
- the new national initiative of the Cooperative Extension Service that focuses on improving nutrition, diet and health by following the practices recommended in the Dietary Guidelines.

We have taken seriously the direction of the Appropriations committee of the House to encourage the Federal Government to speak with one voice when issuing dietary guidance. The public needs messages that are not confusing and conflicting if they are to act on them in an appropriate way. To aid in this effort, we have formed a Dietary Guidance Working Croup within USDA. This group reviews all guidance from USDA going to the general public to insure its consistency with the Dietary

Guidelines for Americans. We believe this has strengthened dietary guidance messages going out to various audiences. have a DHHS liaison member to the USDA working Group and we send a liaison representative to their Subcommittee on Dietary Guidance. USDA continue to endorse and promote the Dietary Guidelines for Americans as the best information available for the general public. We have a number of research projects underway to help us deliver the message in more effective ways to various target populations - from school age children to the elderly -low income and upper income. This has been and remains a primary function of USDA.

The objections I have cited, along with the positive results from the current nutrition monitoring system, lead us to the conclusion that S.1081, is unnecessary and potentially harmful in achieving our monitoring goals, which are consistent with those of the proposed legislation. Mr. Chairman, thank you again for giving me the opportunity to speak with you today. My colleagues and I would be happy to respond to your questions.

National Nutrition Monitoring Surveys



1/ NHANES II
Probability sample of the civilian, noninstitutionalized population of the U.S. aged 6 months through 74 years, 1 day individual dietary intake.

2/ NFCS 1977-78
Basic -- Stratified probability sample of all private households in the conterminous U.S.; all ages, household food use and 3 days individual dietary intake.

Low-Income -- Stratified disproportionate probability sample of the low income (eligible for food stamps) of all private households in the conterminous U.S.; all ages, household food use and 3 days individual dietary intake.

Elderly -- List sample (provided by Social Security Administration) of individuals 65+ years of age; household food use and 1 day individual dietary intake.

Alaska -- Stratified area probability sample (urban only) of all private households; all ages, household food use and 3 days individual dietary intake.

Hawaii -- Stratified area probability sample of all private households; all ages, household food use and 3 days individual dietary intake.

Puerto Rico -- Probability sample of all private households; all ages, household food use and 3 days individual dietary intake.

3/ NFCS 1979-80
Low Income -- Stratified disproportionate probability sample of the low income (eligible for food stamps) of all private households in the conterminous U.S.; all ages, 3 days individual dietary intake.

4/ HHANES 1982-84
Three samples of Hispanic Americans; i.e., Mexican-Americans (five States in the Southwest), Cuban-Americans (Dade County, Florida), and Puerto Ricans (portions of New York, New Jersey, and Connecticut), aged 6 months through 74 years; 1 day individual dietary intake.

5/ NFCS Puerto Rico 1984
Stratified disproportionate probability sample of all private households; household only.

6/ CSFII 1985
Basic -- Stratified probability sample of all private households in the conterminous U.S. that contained one or more women who were 19 to 50 years of age and their children 1 to 5 years of age; up to 6 days of individual dietary intake.

Low Income -- Stratified probability sample of all private households (at or below 130 percent of poverty) in the conterminous U.S. that contained one or more women who were 19 to 50 years of age and their children 1 to 5 years of age; up to 6 days of individual dietary intake.

Men -- Stratified probability sample of all private households in the conterminous U.S. that contained one or more men who were 19 to 50 years of age; 1 day of individual dietary intake.

7/ CSFII 1986
Basic -- Same as 1985
Low Income -- Same as 1985

8/ NFCS 1987
Basic -- Stratified probability sample of all private households in the conterminous U.S.; all ages, household food use and 3 days individual dietary intake.

Low Income -- Stratified probability sample of all low-income (130 percent of poverty or less) private households in the conterminous U.S.; all ages, household food use and 3 days of individual dietary intake.

9/ NHANES III, 1988-94 -- Probability sample of the civilian, noninstitutionalized population of the U.S. aged 2 months plus; 1 day individual dietary intake.

10/ CSFII 1989+
Basic -- Stratified probability sample of all private households in the conterminous U.S.; all ages, 3 days of individual dietary intake.

Low Income -- Stratified probability sample of all low-income (130 percent of poverty or less) private households in the conterminous U.S.; all ages, 3 days of individual dietary intake.

Data from the CSFII-89+ samples will be reported using a cost-efficient moving-average approach. The first data will be reported following the 1990 data collection.

Low-Income Elderly (planned for 1991) -- Stratified probability sample of all private households (at or below 130 percent of poverty) in the conterminous U.S. that contain one or more persons 65+ years of age; 3 days of individual dietary intake.

11/ NFCS 1997 (planned) -- Same as NFCS 1987.

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ATTACHMENT II

Analysis of CSFII 1985 and 1986

Methodological Issues in Food Consumption Surveys

Principle Investigator: Dr. Cheryl Ritenbaugh
University of Arizonia

Using CSFII 1985 samples, research is underway to determine components of within-individual variation in nutrient intakes associated with personal, household and demographic attributes as well as survey method. Findings will help in design, of surveys such as in determining number of days of dietary records neededto estimate usual intake of a nutrient within a given confidence interval for subsets of the population.

Dietary Status and Eating Patterns

Principal Investigator: Dr. Pamela S. Haines
University of North Carolina

This study uses data from the CSFII-85 and the 1977-78 NFCS to examine the relationship between dietary status and eating patterns. Results will help in assessing the role of lifestyle changes including increases in females employment, childlessness and childbearing at older ages on dietary status so that diet and health intervention can be appropriately defined and targeted.

Nutritional Quality of Diets of Population Groups in the USDA CSFII-85

Principal Investigator: Dr. Carol T. Windham
Utah State University

Multiple regression and cluster analyses are being used to identify the personal, demographic and household factors associated with the intakes of and nutrients other food components, using data from CSFII 1985.

Determinants of Food Group Consumption Patterns

Principal Investigator: Dr. Barry Popkin
University of North Carolina

Using data from the CSFII-85 core sample and the 1977-78 NFCS for women 19-50, this study examines associations between personal, household, and demographic factors and reported use of foods.

Health Related Factors Affecting Dietary Status

Principal Investigator: Dr. Gail Harrison
University of Arizonia

Using the CSFII-85 core sample, women 19-50, nutrient and food component intake data are being analyzed to determine the underlying multivariant structure using principal component approach.

The effects of economic, demographic, and food choice variables on household nutrient levels in the United States

Principal Investigator: Suzanne Murphy, Ph.D.
University of California - Berkley

The study will examine the effect of differing economic factors, demographic variables, and food groups choices on the nutrient level of households participating in NFCS 1987 household survey. An economic model will be used to determine nutrient shadow prices that are specific to the survey, region, and level of urbanization. These prices, along with reported food group intakes and a variety of non-dietary variables, will be used to derive parameter estimates for a system of demand equations with a separate equation for each nutrient in the data set. Composite nutrient variables also will be derived to catagorize households and the effects of various economic, demographic, and food choice variables on this classification will be assessed.

An analysis of variations in food consumption across household types and over time

Principal Investigator: Jennifer L. Gerner, Ph.D.
Cornell University

The study will examine the variation in food consumption across different types of households, as well as the variation over time among households of a given type. Using data from the Nationwide Food Consumption Surveys 1977-78 and 1987, households will be divided into mutually exclusive household types, using variables such as race, ethnicity, and household composition. These results will allow prediction of the variation in food consumption across household types, holding economic factors constant. This will allow the extent of the variation due to different preferences, versus that due to differing economic condition, to be predicted.

Relationship of Food Groups and Dietary Intake

Principle Investigator: Dr. Frances Thompson
Cornell University

Using data from women who completed four days of diet records in the CSFII-85, the relationships between consumption of groups of foods and intakes of fat, saturated fatty acids, cholesterol, fiber, sodium, vitamin A and vitamin C are being studied. The results will be used to develop food frequency instruments which can be used to classify individuals by intake of these nutrients and food components of interest the nutrition and health community.

Changing Household Organization and Structure of Demand for Food in the United States

Principal Investigator: Dr. Ellen Bryant
Mississippi State University

Using data from the 1985 CSFII, 4-day, researchers are examining associations between personal, demographic and household factors (particularly household structure), and eating patterns. The effects of these factors on food use and nutrient intake will be assessed using a structural equation model.

Methodological Factors Affecting Measurement of Dietary Status

Principal Investigator: Dr. Stanley R. Johnson
Iowa State University

This study will provide mechanisms for assessing alternative indicators of dietary status. For six nutrients from CSFII data, distributions estimating usual intake are being developed using sophisticated statistical techniques involving data transformations and simulation models.

Analysis of 1987 NFS Household Data

The importance of socio-economic, demographic, and personal factors on nutrient levels of U.S. households

Principle Investigator: Vicki McCracken, Ph.D.
Washington State University

Changes in the structure of the U.S. population and composition of the food supply are thought to be affecting households' food consumption and dietary status. This study will use the household portion of NFSC 1987 to develop behavioral models to identify how socio-economic, demographic and personal factors as well as food product attributes affect the levels of nutrients in households. The results will also be used to forecast future behavioral patterns under alternative scenarios.

ATTACHMENT III

USDA/EDIS
Rev. 8/15/85

METHODOLOGICAL DIETARY INTAKE STUDIES
CONDUCTED BY U.S. DEPARTMENT OF AGRICULTURE
1978-PRESENT

Year	Study	Description and Main Findings
1977	Survey Design, Inc. "Recommended Survey Design for Validation of Findings of Nationwide Food Consumption Survey 1977-78"	In response to GAO recommendation that NFCS 1977-78 methodology receive further validation, Joseph Steinberg's Survey Design, Inc., developed a research plan which was received favorably by GAO.
1978-80	National Analysts "Further Validation of Results from the 1977-78 Nationwide Food Consumption Survey"	Activation of Steinberg plan included debriefing of interviewers. Panels of respondents discussed methods used, information requested, appropriateness of questions, and ability to provide accurate responses.
1980-82	University of Missouri "Effect of Food Item Specificit on Mean Nutrient Intake Values Reported in Different Sex-Age Groups"	A rationale was developed for reducing items in NFCS spring data base of 4,500 items based on frequency of use and substitutions for less frequently consumed items. Nutrien calculations were compared with baseline dat to identify consequences of substitutions on mean nutrient intake values. Researchers concluded that small (500 items or less) nutrient data bases should not be used for analysis of individual dietary records or data from small groups and are not suitable for monitoring specific food consumption practices of a diverse population.
1981-83	University of Michigan "Comparison of Data from NFCS 1977-78 and NHANES I 1971-74"	One-day food, nutrient, and alcohol intakes and height and weight data from the 2 surve were compared for 11 age groups of males an females, total samples, and by selected stratifying variables using means, medians, percentiles, and frequency distributions. Overall, differences in energy and 10 nutrients between the 2 surveys were greate greatest for the 2 youngest and 2 oldest age groups. Nearly all NFCS median intakes for oldest groups (51-74 years) were highe than NHANES I values, while for the younge groups, it was the opposite. More eating

Year	Study	Description and Main Findings
1983-84	University of Missouri "Exploratory Study of Longitudinal Measures of Food Intake: Final Report"	Data from the National Analysts study of the same name were analyzed to evaluate quality of data collected for food items recorded, nutrient contents, and response rates. Mail methods were not acceptable because of response rates below 50 percent, while telephone methods were the most promising. Food energy intakes by the telephone methods generated data best representing energy intakes as collected by all experimental methods. Regressions showed (1) underreporting occurred among females with less than high school graduation and (2) females in smaller households reported higher food intakes than those in larger households. Researchers recommend personal-switched-to-telephone, 1-day recall for use in CSFII 1985 to obtain "best" intake data and maintenance of constant sampling rate.
1985	In-house, USDA/HNIS/NMD "One-day and 3-Day Nutrient Intakes by Individuals—NFCS Survey Findings, Spring 1977"	High correlation was found between intakes in consecutive 3-day periods. Regression analysis indicated that Day 1 intake was strongest as predictor of intake on subsequent days for energy, carbohydrate, calcium, magnesium, and phosphorus; poorest for vitamin A; and intermediate for other nutrients studied. Paper published in J. Am. Dietet. Assoc. 85:313, 1985.
1983-85	Westat "Pilot Study of Measures of Individual Food Intakes of the Low-Income Population"	Primary goal of this study—in response to specific legislation—is to evaluate different methods—mail and telephone approaches—for collecting longitudinal data on dietary intakes of individuals in different segments of low-income population. Personal contact (in first quarter) followed by telephone interview or mail in subsequent quarters are methods to be tested during 1-year study in which four 3-day intake information on household members will be obtained. Household had two or more persons, was eligible for food stamps, and had a female head 20-50 years of age. Groups studied were blacks, Mexican-Americans, Indians, elderly, and whites. Results are due momentarily to show practical problems with these groups.
1983-85	University of Missouri "Development of a Shortened Nutrient Data Base for Dietary Surveys"	Followup of 1980-82 study. Trying for a data base of 2,500 items and testing its effectiveness. To be completed in 1985.

Year	Study	Description and Main Findings
1981-83	Comparison of NFCS 1977-78 and NHANES I 1971-74 (continued)	occasions were shown for NHANES I respondents than for NFCS respondents. Proportion of users of alcohol and their average intake was greater in NHANES I than in NFCS. Overall differences between median heights and weights in the two surveys were small, but differences were greatest in youngest and oldest age groups. Heights were taller for NHANES I youngest age groups but shorter for oldest group than for NFCS groups of the same ages. In NFCS, median weights tended to be higher for males and lower for females than in NHANES I.
1981-83	University of Maryland "Study of Food Intake of Men, 1981-1982"	Study tested (1) ability of working men to accurately recall description and quantity of foods eaten at worksite cafeteria lunch which was unobtrusively recorded, (2) effectiveness of two types of measurement aids—NFCS type measuring utensils and NHANES type models, and (3) surrogate recall of men's intakes. Men, on average, overreported intake amounts using both types of measurement guides, but overreporting was greater with NFCS aids for many foods. Mounds, glasses, cups, bowls, disks were most useful of models, but many models were rarely used. Omitted items were a problem. Surrogate reporting, unless meal was shared, was much poorer than by men themselves.
1981-84	National Analysts "Exploratory Study of Longitudinal Measures of Individual Food Intake"	Nine data collection methods were studied using personal, mail, and telephone approaches or combinations thereof. A panel approach was used, with from one to six contacts during four quarters of 1983. Respondents were females aged 20-69 years, from about 1,700 middle-income households of 2 or more persons. Respondents were the main meal planner/preparer for the household. Analyses of outcome and processing measures revealed that mail methods suffered from very poor response rates and imprecise recording of descriptions and portions eaten. The telephone and personal-contact-switched-to-telephone emerged as most promising methods for panel study with the highest sustained completion rates, required least respondent burden, and less handling in coding and file preparation.

Year	Study	Description and Main Findings
1983-85	University of Missouri "Analysis of Food Consumption Patterns and Diet Status: Methodology Studies"	Several methodological questions are being analyzed: (1) Variability of consecutive-day individual intakes compared to intake records separated by different time interva (2) distributions of intake for calories and selected micronutrients, (3) mean daily intakes for calories and selected micro-nutrients and number of days of recorded intake, (4) an analysis of individual intakes from pilot low-income survey, (5) household-level analysis of the intake information from the low-income pilot survey, and (6) a comparison of intake information obtained in the low-income pilot survey with that from comparably defined households in the 1977-78 NFCS and 1977 special low-income survey.
1983-86	University of Michigan "Development and Validation of a Food Frequency Questionnaire"	The purpose of this study is to design a food frequency questionnaire based on abou 200 food groups developed from an analysis of NFCS and NHANES I data. Respondents wi be asked to estimate how often and how muc of each food group or food was consume during the past year. The estimate of usual diet during the past year will be cross-validated by comparing foods, food groups, and nutrients derived the food-frequency method to similar data derived from four 4-day reports (1-day re plus 3-day record), one set collected dur each season from each of about 200 respondents 20-50 years of age about equa divided by sex and by race (blacks, white Final report due in 1986.

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ATTACHMENT IV

Table 2

U.S. DEPARTMENT OF AGRICULTURE
HUMAN NUTRITION RESEARCH, EDUCATION AND INFORMATION
SUPPORT (FY 83-88)

HUMAN NUTRITION RESEARCH
($ in Millions)

	FY 1983 actual	FY 1984 actual	FY 1985 actual	FY 1986 actual	FY 1987 actual	FY 1988 estimate
ARS	31.7	34.3	36.9	37.8	40.6	44.3
CSRS	7.8	7.7	7.3	7.4	7.5	7.7
HNIS	6.7	5.3	6.0	12.8	6.1	7.7
ERS	0.9	0.7	0.7	1.1	1.2	1.4
FNS	0.7	5.4	1.4	1.5	0.5	0.4
TOTAL	47.8	53.4	52.3	60.7	55.9	61.5

Human Nutrition Education and Information

ES	76.1	76.6	77.0	73.5	73.5	75.0
HNIS	1.0	0.7	0.7	1.2	0.7	0.9
FNS	42.0	50.5	55.0	57.6	60.4	61.0
FSIS	0.4	0.3	0.5	0.4	0.13	0.12
NAL	0.4	0.4	0.4	0.5	0.4	0.5
TOTAL	120.0	128.5	133.6	133.2	135.1	137.5

TOTAL RESEARCH, EDUCATION AND INFORMATION	167.8	181.9	185.9	193.9	191.0	199.0

Table 3

USDA NUTRITION RESEARCH PROGRAM SUPPORT (FY 83-88)
($ in Millions)

	FY 1983 actual	FY 1984 actual	FY 1985 actual	FY 1986 actual	FY 1987 actual	FY 1988 estimate
1. Nutrient Requirements/ Health Maintenance						
CSRS	2.7	3.3	3.6	3.7	4.8	5.0
ARS	26.4	27.3	26.3	27.5	29.9	31.0
Total	29.1	30.6	29.9	31.2	34.7	36.0
2. Nutritional Status/ Food Intake						
CSRS	2.8	2.8	2.3	2.4	1.4	1.4
ARS	0.7	0.6	2.3	3.1	3.9	3.9
HNIS	3.5	2.6	3.2	9.9	3.2	4.8
Total	7.0	6.0	7.8	15.4	8.5	10.1
3. Use of Food/Food Choices						
CSRS	0.4	0.3	0.2	0.3	0.3	0.3
HNIS	1.7	1.1	1.1	1.1	1.1	1.1
ERS	.6	0.4	0.4	0.8	0.9	0.9
Total	2.7	1.8	1.7	2.2	2.3	2.3
4. Nutrient Composition/ Bioavailability						
CSRS	1.8	1.3	1.6	1.0	1.0	1.0
ARS	4.7	6.5	8.3	7.2	6.8	9.4
HNIS	1.5	1.6	1.7	1.8	1.8	1.8
Total	8.0	9.4	11.6	10.0	9.6	12.2
5. Nutritional Impacts of Programs						
CSRS	0.1	--	--	--	--	--
ERS	0.3	0.3	0.3	0.3	0.3	0.5
FNS	0.7	5.4	1.4	1.5	0.5	0.4
Total	1.1	5.7	1.7	1.8	0.8	0.9
TOTALS						
CSRS	7.8	7.7	7.3	7.4	7.5	7.7
ARS	31.7	34.3	36.9	37.8	40.6	44.3
HNIS	6.7	5.3	6.0	12.8	6.1	7.7
ERS	0.9	0.7	0.7	1.1	1.2	1.4
FNS	0.7	5.4	1.4	1.5	0.5	0.4
USDA Total Nutrition Research	47.8	53.4	52.3	60.7	55.9	61.5

Table 4

USDA FOOD AND NUTRITION EDUCATION AND INFORMATION SUPPORT (FY 83-88)
($ in Millions)

	FY 1983 actual	FY 1984 actual	FY 1985 actual	FY 1986 actual	FY 1987 actual	FY 1988 estimate
Extension Service[1/]						
Extension (Formula est.)	15.8	16.2	16.7	15.9	15.9	16.4
Expanded Food and Nutrition Education Program (EFNEP)	60.4	60.4	60.3	57.6	57.6	58.6
Total	76.1	76.6	77.0	73.5	73.5	75.0
National Agricultural Library						
Food, Nutrition and Human Ecology Staff	0.4	0.4	0.4	0.5	0.4	0.5
Human Nutrition Information Service						
Nutrition Education Division	1.0	0.7	0.7	1.2	0.7	0.9
Food and Nutrition Service[1/]						
Nutrition Education & Training Program (NET)	5.0	5.0	5.0	5.0	5.0	1.0
Special Supplemental Food Program for Women, Infants and Children (WIC)[2/]	37.0	45.5	50.0	52.6	55.4	60.0
Total	42.0	50.5	55.0	57.6	60.4	61.0
Food Safety and Inspection Service						
Nutrition Labeling	0.08	0.1	0.1	0.1	0.1	0.1
Nutrition and Sodium Information	0.06	0.1	0.1	0.1	0.02	0.01
Sodium Monitoring Program	0.28	0.1	0.3	0.2	0.01	0.01
Total	0.42	0.3	0.5	0.4	0.13	0.12
USDA Total Nutrition Education and Information	120.0	128.5	133.6	133.2	135.1	137.5

1/ Most funds are distributed to and managed by State agencies.

2/ Estimate of State administrative funds allocated for nutrition education.

Table 5

AGRICULTURAL RESEARCH SERVICE
HUMAN NUTRITION RESEARCH SUPPORT (FY 1983-88)

Estimated Funds (In millions of dollars)

		FY 1983 actual	FY 1984 actual	FY 1985 actual	FY 1986 actual	FY 1987 actual	FY 1988 estimate
BHNRC, Beltville, MD	Gross	7.92	7.97	8.00	7.91	8.34	8.42
	Net	6.98	6.98	7.30	7.02	7.41	7.35
GFHNRC, Grand Forks, ND	Gross	5.41	5.72	6.19	6.36	6.66	7.11
	Net	5.06	5.33	5.57	5.64	5.92	6.32
HNCA, Boston, MA	Gross	7.19	9.59	11.35	11.75	12.76	13.68
	Net	6.84	9.12	10.79	11.16	12.12	12.99
CNRC, Houston, TX	Gross	2.95	3.27	3.59	4.43	5.43	7.65
	Net	2.69	2.96	3.23	3.93	4.88	6.99
WHNRC, San Francisco, CA	Gross	3.48	3.81	3.79	3.66	4.23	4.49
	Net	3.05	3.33	3.42	3.25	3.76	3.95
TOTAL, HN Centers	Gross	26.95	30.36	32.93	34.12	37.43	41.35
	Net	24.61	27.70	30.31	31.01	34.09	37.59
Other ARS HN Research	Gross	3.93	3.97	3.88	3.65	3.18	3.01
	Net	3.25	3.27	3.49	3.24	2.86	2.65
TOTAL, Human Nutrition	Gross	30.88	34.33	36.81	37.76	40.61	44.36
	Net	27.86	30.97	33.80	34.24	36.95	40.25

Table 6

AGRICULTURAL RESEARCH SERVICE

OTHER ARS HUMAN NUTRITION RESEARCH SUPPORT (FY 83-88)*
(In thousands of dollars)

		FY 1983 actual	FY 1984 actual	FY 1985 actual	FY 1986 actual	FY 1987 actual	FY 1988 estimate
Beltsville, MD	Gross	187.0	187.0	--	--	--	128.7
	Net	155.0	155.0	--	--	--	111.8
Ithaca, NY	Gross	295.5	305.0	551.5	601.3	750.9	765.0
	Net	242.1	246.7	496.6	533.5	675.9	676.0
Wyndmoor, PA	Gross	573.7	580.2	700.5	667.1	303.1	--
	Net	468.6	471.2	630.6	591.8	272.9	--
Peoria, IL	Gross	1,178.5	1,184.4	1,023.8	985.5	982.4	1017.5
	Net	983.7	985.3	921.7	874.5	884.3	898.8
Albany, CA	Gross	1,400.4	1,412.2	1,007.9	959.2	712.7	653.8
	Net	1,157.1	1,161.3	907.5	851.0	641.5	576.3
Athens, GA	Gross	291.4	302.2	149.0	--	--	--
	Net	244.6	249.8	134.1	--	--	--
Hyattsville, MD	Gross	--	--	449.0	433.5	432.7	443.1
	Net	--	--	404.2	384.6	389.5	391.0
	Gross	3,926.5	3,971.0	3,881.7	3,646.6	3,181.8	3,008.1
	Net	3,251.1	3,269.3	3,494.7	3,235.6	2,864.1	2,653.9

* Excludes Human Nutrition Centers

Mr. WALGREN Thank you very much for that testimony. Let me explore a couple of areas with you. Dr. Harris, you indicate that you foresee costs in this bill that would best be spent on the data collection itself, and I gather the principal cost is in the advisory committee. That seems to be the most significant element.

Dr. HARRIS. Yes.

Mr. WALGREN. What is your estimate of that cost per year with the advisory committee?

Dr. HARRIS. We are planning to set up a Dietary Guidelines Advisory Committee; we have an annual budget set for that as a nine-member committee of around $100,000 a year.

Mr. WALGREN. That's one you are planning to set up.

Dr. HARRIS. That is one that I've looked into what we think it will cost. This one is approximately the same size; therefore, I presume about the same amount.

Mr. WALGREN. So we're probably talking about $100,000 a year, and perhaps we could err a little bit on the high side and say it might be a little bit more than that but probably not dramatically different than a figure in that range.

I guess I'm sort of confused when the Department essentially says we're doing everything that the Congress is asking to be done and therefore they would oppose legislation which would put some structure to that task, and I guess I feel in a sense—wouldn't you agree—that it is important for the Congress to put essentially floors under activities that are important in the view of your administration, so that those activities are in fact continued, because the personnel may change or the administrations may change. And inasmuch as the legislation is really asking you to do what you are already doing, wouldn't your instinct to be to say that it makes sense to reduce that to legislation so that there is a future commitment to this kind of program?

Dr. HARRIS. I'd like to answer the question from two perspectives. First of all, I think it can be argued that the bill goes well beyond where we are currently. I agree with Mr. Harrell that we are attempting to do what we believe you have asked us to do and what we feel is judicious for us to do at the present time.

We are certainly not perfect and I'm not trying to tell you that this system can't be improved; it can. It is not a static system; it is a system that is evolving.

What I am concerned about is that the language of this bill is somewhat vague in many areas. Some people see it as expanding greatly the data collection requirements of the federal government. Some people say that it says we're going to collect state-level data. We do not currently do that and I don't believe the Department of Agriculture would recommend that as an appropriate approach because it is extremely expensive and not necessary. There are certain high-risk groups that are not well covered within the data currently being collected. If we want to cover those we will have to have additional appropriations.

As far as putting a floor in, one might also argue that some of the activities we are currently conducting might not need to be conducted in the future as this system evolves. So you have created in law some requirement for studies that down the line we may not need to conduct.

Our idea is to remain more flexible and to move as we can, move forward as we can as quickly as we can under the current budget constraints. I think it is very important to note that HNIS has had difficulty getting appropriations for what they are now asking to do, and not—that doesn't include going beyond what we're currently asking to do. S. 1081 asks us to go beyond what we're currently doing, and I question whether or not that puts the agency in a good position, because they're going to be told over and over again they're not doing what this bill said they should do, yet they're unable to get appropriations to do even what is considered by some to be a very modest amount now.

Mr. WALGREN. Well, you indicated in your testimony that five years ago you felt that the criticisms that essentially nothing was happening in this area were probably justified. I understand that there are different views of that and there was a memo from Department of Health and Human Services to USDA as recently as 1986 which is only two years ago, and the bottom line in that memo, and I quote, was that members of the committee—and this was the coordinating committee under the Human Nutrition Information Service/USDA-National Center for Health Statistics, DHHS Coordinating Committee. And the bottom line of that was that members of the committee and the Congress "expect us to implement the recommendations, and I fear that our lack of progress will reflect poorly on all of us."

So the indications are that although your date when you thought things really started to happen was 1983, as recently as two years ago certainly one view was that there was a lack of progress that reflected poorly on all of the efforts in this area.

And then in testimony before the Senate this year, Dr. Swann, who is I understand is someone who has real solid credentials in this area from the public sector, testified that although—and I quote—"those responsible have expressed a desire to coordinate their programs and although they've presented plans for accomplishing this coordination, to date we have seen no data resulting from coordinated efforts." That would tend to undermine our confidence in how well things have been going since 1983. Would that not be your reaction to those views?

Dr. HARRIS. No, sir, it's not my reaction to those views. The memo that you refer to I can't speak to until I know who the memo was from and to. The committee to which it was referring is a standing committee that meets regularly on a quarterly basis between the Human Nutrition Information Service and the National Center for Health Statistics, I believe.

As I said, we're not perfect. There are certainly issues with which we don't have full agreement at this time. We are working on them. The data that Dr. Swann is referring to I think is beginning to come out. The data from the Nationwide Food Consumption Survey will begin to come out after the first of the year. That survey, the questionnaire was examined by this committee that you're talking about and by working committees under that to look at matching the variables between that survey and the National Health and Nutrition Examination Survey.

There are differences between these surveys; they are not identical. If they were identical there would be no need to have two sur-

veys. They serve different purposes, their designs are somewhat different. Therefore, there are some areas in which we have not reached identical activities. There are some definitions of terms which because of the purposes of the surveys themselves, the Agriculture survey being one that is focused on dietary intake and on food expenditures, these data are used in the food assistance programs in setting, for example, the Thrifty Food Plan which sets the Food Stamp allotment; and the National Health and Nutrition Examination Survey which, on the other side, is more directed at health measures—at drawing blood, at doing medical examinations. They are structured somewhat differently and some of the variables will differ.

So while I think that we are not yet perfect, we are at least sitting down and going through this in a systematic way. As we proceed through the Operational Plan, that plan outlines a timetable by which we will continue to bring in other surveys and look at the variables used in those so that we can get greater comparability across all of the federal surveys that are part of the Nutrition Monitoring System.

Mr. WALGREN. Well, as you indicate, there are questions that were different between these several surveys and that is fundamentally our problem in this area, where admittedly, with agencies with different interest, we're all asking questions, but the questions then fail to give us the ability to relate the answers widely enough to tie the concerns together and get critical information from the public standpoint.

Dr. HARRIS. Then I would assume from that that you're saying that we should make these terms identical in all cases, even though that would not serve the purpose of the individual survey.

Mr. WALGREN. No, no. But it is striking to look at the arm's length between the Department of Health and Human Services and the Department of Agriculture and the various other agencies in this area and feel that their efforts are being coordinated when dissimilar questions are being asked. And as I understand it, what we hope is that with effective structural coordination and the proper advisory input that we will find ourselves using systems or questions that then can give us better information.

Let me ask you this. I understand that the Department of Health and Human Services survey and the USDA survey were to include similar questions exactly for this purpose of comparability. The question is what involvement has the Department of Agriculture had in reviewing the Health and Human Service request prior to its submission to OMB? And after its submission to OMB? I understand that Department of Agriculture objected to including questions about hunger in these two surveys, even though they were recommended by the Department of Health and Human Services.

Dr. HARRIS. We had some objections to questions that are in the proposed survey, not objections to questions about hunger. The Nationwide Food Consumption Survey has a food sufficiency question which has been in it since 1977. Our concern is that the questions that were as they are worded in the NHANES do not give a full enough picture, and we were asking for some additional information and we were also asking for the questions to be reworded.

Mr. WALGREN. Let me ask you this. Prior to the submission to OMB, was the Department of Agriculture supportive of the questions suggested by DHHS?

Dr. HARRIS. We had expressed our concern about these questions for some time.

Mr. WALGREN. Did that concern heighten after your submission to OMB?

Dr. HARRIS. We didn't make a submission—you mean after the NHANES submission to OMB? The NFCS survey was also submitted to OMB but that's been some time ago. We make submissions before each survey goes into the field. We have expressed concern about these particular questions, and we're talking about a small handful of questions, throughout the process.

Mr. WALGREN. Were new concerns expressed by the Department of Agriculture after the submission to OMB?

Dr. HARRIS. Yes. As part of the comment process that OMB uses.

Mr. WALGREN. Has OMB ever disapproved a request for a data collection by the Human Nutrition Information Service on the grounds that the Department of Agriculture did not have the mandate to collect information of this nature?

Dr. HARRIS. OMB has many times disapproved requests from the Department of Agriculture; but whether they do it on the purpose of the mandate or not, not to my knowledge. Now, in the past perhaps they have. I've been here since 1985, so I can't answer that question beyond that point.

Mr. WALGREN. It's my understanding that they have, but prior to '85, and if you can't speak to that period then I guess you can't speak to it.

Do you have concerns that OMB will limit the collection of nutrition monitoring data in time so that then the surveys lose their value?

Dr. HARRIS. I haven't seen that in OMB at all. In fact, our ability to do the continuing surveys for food intakes by individuals is in large part in its current structure because of their input. They encouraged us to move away from a panel approach, which we had been using, to the moving average approach and appear very committed to our collecting this data.

Mr. WALGREN. We have concerns that OMB is really resisting in this area, and it's my understanding that when these materials are submitted to them, that a much higher rate of disapproval and resistance in OMB comes back. In the Human Nutrition Information Service, for example, they approved only 40 percent of the questions or the requests that were made of OMB, and that is an unusually high rate of disapproval.

Dr. HARRIS. I'm afraid I'm not familiar with such numbers.

Mr. WALGREN. And at the same time, the time that it takes OMB to clear these things in the human nutrition area is exceedingly long; average approval period was almost 90 days in some instances, and that seems to be a very long period of time. And it just concerns us that there's an ideological cap on this as opposed to a resistance based on the merits which of course to us is absolutely unacceptable.

Dr. HARRIS. I have no evidence that there is such an ideological cap. Our working relationship with OMB has improved over the last couple of years.

I don't wish to be argumentative on this point but I am not sure that S. 1081 would in any way correct any activities by OMB.

Mr. WALGREN. I've directed most of these to Dr. Harris, and I apologize, Mr. Harrell. If there's something you'd like to add as a general follow-on I'd be happy to hear it, and then I want to recognize the gentleman from Virginia, Mr. Slaughter. Mr. Harrell, would you like to add anything at this point?

Mr. HARRELL. Mr. Chairman, I've been quite happy to have you direct them toward Dr. Harris.

Mr. WALGREN. The Chair would recognize the gentleman from Virginia, Mr. Slaughter.

Mr. SLAUGHTER. Mr. Chairman, at this time I'd like to ask unanimous consent that all members of the committee have three days to submit opening statements and to submit questions for the record.

Mr. WALGREN. Without objection.

Mr. SLAUGHTER. Thank you.

Mr. WALGREN. The Chair would recognize the gentleman from Missouri.

Mr. BUECHNER. Thank you, Mr. Chairman. At this time I'd like to make a brief opening statement, and although I've been in Congress now 20-something months I guess I can't seem to outgrow being the new kid on the block. Major issues come before these subcommittees and I know that this one has been revisited by the old pros, and it's kind of hard for me to go past go. But as I have been able to become comfortable with the acronyms of NASA, their kind of chicken soup alphabet, today I'm here to learn not how nutritional chicken soup is made but how ooh-ooh, good, coordinated nutritional monitoring is.

But in a more serious vein, I am pleased that the subcommittee has scheduled the hearing prior to full committee markup, which I understand is going to be Monday afternoon. But for 16 members of this committee, about one-third are new members so we've got a lot of homework to do to catch up with the old hats. So I'm counting on the witnesses here today to help get us started.

But I would like to point out that besides, Mr. Chairman, serving on this Committee on Science, Space, and Technology, I also have the privilege of serving on the House Budget Committee, so you're immediately immersed in trying to learn how to see the big picture and evaluating the efficiency of federal agencies. So I'm constantly reminded of the pluses and the minuses on the spread sheet and just how much legislation we can handle before the Gramm, Rudman, Hollings automatic cuts are triggered. This year we came too close for comfort, I might say, and only because of the revised OMB calculations and saving and so-called deficiency payments in the Farm Bill were we saved. Now that's a tough price for success when we know the growing season this past year, from our agriculture community, is not going to make the next few years quite so simple.

So I'm looking at this proposed legislation with somewhat of a different slant than maybe some of my other colleagues. I look for

appropriate federal efforts commensurate with appropriated dollars. I look for true improvements, not hidden costs, and I look for shared responsibilities amongst the public and private sectors and between the states, local governments and the feds. And I look forward to the input from what you've already provided, Mr. Harrell and Dr. Harris, and also from our next group of witnesses.

Like my baseball Cardinals in St. Louis, you folks have been in the ballgame a lot longer than I have, and I'm here to learn and listen. But then again, that's what being a freshman is all about. I'm hopefully looking forward to matriculation into my next year, but until then I hope to learn a lot at this hearing. Thank you, Mr. Chairman.

I do have some questions.

Mr. WALGREN. Fine, the gentleman is recognized.

Mr. BUECHNER. One of the questions, Dr. Harris, I know we're talking about in this legislation going to line item, and for the record,—I'm sure you know, but I'd like to establish that if Gramm, Rudman, Hollings is triggered, line items are subject to the automatic cuts. You are aware of that.

Dr. HARRIS. Yes, sir, I am.

Mr. BUECHNER. So of course you get the distinction of being a line item but you also suffer the outrageous fortune of taking those cuts, and we have been on the cuts of Gramm, Rudman, and God knows what will happen next year. What are your feelings about line item versus giving the discretion within the budget?

Dr. HARRIS. Perhaps the most difficult thing would be to try and make the budget request, using that process, one that is truly reflective of what the agencies need. HNIS has been in the situation of feeling the brunt of the Gramm-Rudman sequestration, should that come through. The other agency that I oversee is the Food and Nutrition Service which is the food assistance programs. Many of those programs are exempt. So we know how much the sequestration can hurt a small agency, an agency whose budget is already tight.

In trying to develop—and certainly we could develop—a joint budget across departments, but it adds a considerable measure of confusion and difficulty, because within USDA we have certain budget targets we have to meet and so we have to do things within that department. I'm sure that within HHS they operate somewhat the same way; they come in with a budget target for the department and then they work down the scale that way. We then, at the bottom, have a need to cross-link, and while we will make every effort, should this bill pass, to do that, I must say that it adds another layer of difficulty to the budget process, and in no way keeps us from Gramm, Rudman sequestration of not getting the appropriation that we haven't been getting anyway that we've requested.

Mr. BUECHNER. Do you agree with the estimates of CBO for Titles II and III?

Dr. HARRIS. The CBO estimate I think on Title III is staff time and ulcers, not costs. The Advisory Council budget, I'm not sure what their latest figure is. We talked earlier of a figure around $100,000 for the advisory council.

Mr. BUECHNER. I know this may be just hypothetical, but if we improve coordination of sampling methods, what savings will come from that?

Dr. HARRIS. I think down the road we can make savings perhaps in the overall amount of money being spent in monitoring. But at the same time, this bill asks us to monitor more frequently and a larger proportion of the population with a greater degree of statistical reliability than we are currently doing. And any time you do that, you add costs.

Our ability to reduce costs will come slowly. Yes, we are working to improve the mechanisms by which we collect data to improve the tests that we use, but in all honesty, getting a cheap, totally non-invasive nutritional assessment test may be somewhat difficult.

Mr. BUECHNER. Now I know that on the Budget Committee we frequently take a look at various plans and they include new funding and new staffers and they have pretty grandiose goals, and sometimes we don't reach those goals for whatever reason; either the program is kind of hastily configurated, and we throw money at some things.

Now, I guess I'm taking a look at, with this case here today, what has been the experience in the funding for the departments for the last seven years?

Dr. HARRIS. As I mentioned earlier, HNIS is the primary monitoring agency for USDA. The budgets since 1982 when HNIS was first developed as an agency unto itself, in only two of those years since then, including FY89 appropriation, has the appropriation actually matched that which was requested by the Administration. In one of those two years in which there was a match, the match was for FERS program and pay increases mandated. The FY89 appropriation, we didn't even get the pay increase added on.

Mr. BUECHNER. Thank you, Doctor. Mr. Chairman, I'd like to submit the remainder of my questions for the record.

Mr. WALGREN. Without objection. Thank you, Mr. Buechner.

Let me ask Mr. Harrell, you indicate, as I understand it, that the NHANES III, the third National Health and Nutrition Examination Survey, would begin data collection in October, this coming month, of 1988. Has OMB cleared the request for the—both that request and the survey forms for it?

Mr. HARRELL. May I call on Dr. Woteki to give you an up-to-date answer to that question?

Mr. WALGREN. I guess we have to turn the mike on because we're having trouble picking up with the recorder and we're just referring to Dr. Woteki. Would you please introduce yourself to the court reporter?

Dr. WOTEKI. I am Catherine Woteki. As of last night, which was the last time that I was in the office, we had not yet received clearance from OMB.

Mr. WALGREN. It's going to be a little hard to do something in October of 1988 without that clearance, would it not be?

Dr. WOTEKI. That's correct. We have training going on now, though, for interviewers and for the examination staff. That training will end a week from today on October 7th, and at this point we're awaiting clearance.

Mr. WALGREN. What's the impression from the Department as to why this clearance has not been forthcoming sooner?

Dr. WOTEKI. Well, under the usual rules, OMB has 60 days to review a clearance and then can request an additional 30 days, so they have a period of 90 days in which they can review any of the clearance requests that we submit.

During that time they also provide us with questions that arise during the review process. Two questions have been raised which were given to us on Monday of this week to respond to and we have responded to them. The nature of the questions was one related to why we use a 30-day reference period for questions that we ask; and the second question related to why we're asking about the occupation of the head of household. We've provided the responses to those two questions.

Mr. WALGREN. Any other common points of judgment about why OMB is slow in this area?

Dr. WOTEKI. Slow for this particular area or slow—

Mr. WALGREN. Well, the area as a whole. As we indicated, they have a low approval rate and they have a long time to do it. There's some reluctance in the system and that's the problem. What is seen to be that reluctance, from the point of view of people who are trying to go forward in this area?

Dr. WOTEKI. I can only respond from my vantage point, which is that it appears that the examiners do have a lot of surveys to review and an enormous workload. The second possibility is that we have other agencies that make comments on our questionnaires and those have to be reviewed and taken into consideration when the OMB staff make their decisions.

Mr. WALGREN. When we asked for these two departments to give views on the substitute amendment, I'm curious as to which agencies within the departments recommendations were sought from, and what was the result of this sending out for the recommendations of the agencies within the departments. Can you help me with that, Mr. Harrell?

Mr. HARRELL. Yes. The answer to that is we have no position. The time was too short to get a cleared position on the substitute to S. 1081, which I consider kind of nice because it gives us some latitude to give you some thoughts that we did get from parts of the Department; the NIH particularly, and the Centers for Disease Control. But these views did not have time to get cleared.

Mr. WALGREN. Can you tell us even though, without being an official position, I gather that the agency can say this is it. Nonetheless we're interested in what their views are regardless of their clearance.

Mr. HARRELL. Well, I guess it probably is no secret that the attitude of DHHS toward this bill in both its forms has been somewhat more ambivalent throughout, than has been Department of Agriculture's. That is, I guess we are usually the most aggressive ones about trying to get more because our mission is health improvement. This certainly often has large ramifications for appropriations and budgets, and sometimes we are the fools who rush in, et cetera.

But we do have some concerns, still. I think we are concerned in Titles I and II about the structure requirements, because structure

does cost. Even the staffing costs, if you don't even have to pay for travel and so forth.

Mr. WALGREN. Tell me about the recommendations made by the individual parts of HHS—CDC and NIH.

Mr. HARRELL. I've gotten one concern particularly from NIH. They are most interested in Title III, the dietary guidance section of this, more so than Titles I and II. They have some supportive feelings for it but have made the point that—and Title III still confuses us, all of us—it is not clear in Title III, for instance, whether all publications or all guidance that the Federal government puts out has first to go through a Federal Register comment process even if both secretaries approve it, or if only those publications of guidance where one secretary disapproves will require a Federal Register notice and comment period. That's not clear.

Mr. WALGREN. But did they encourage support for the general concept of this bill?

Mr. HARRELL. They did not speak to that in that way. They just came back with having looked at it, and here's a point of concern that they had.

Mr. WALGREN. How did they communicate their supportive feelings?

Mr. HARRELL. By telephone yesterday.

Mr. WALGREN. What words? You said they have supportive feelings; those are your words. How do you know that?

Mr. HARRELL. That's been the case with S. 1081, because it does—in Title III particularly—clarify for the world a required joint approach, one voice approach, on dietary guidance.

Mr. WALGREN. And what other parts of HHS had supportive feelings for the bill?

Mr. HARRELL. Well,—

Mr. WALGREN. Did you hear from anybody else?

Mr. HARRELL. I think mainly from NIH. Perhaps Dr. Woteki has more to say from the CDC point of view.

Mr. WALGREN. Did CDC have supportive feelings?

Dr. WOTEKI. Most definitely. And over a long period of time. The amendment as has been proposed with respect to requiring a submission of the budget is something that we think is a considerable improvement over past versions of the bill, and something that we would be in favor of.

Mr. WALGREN. Let me ask Dr. Harris, did the Department ask any of the sub-units in the Department to give you their views on this bill?

Dr. HARRIS. As I mentioned before, the Human Nutrition Information Service is the primary agency with USDA dealing with nutrition monitoring. The only other agencies that have monitoring activities are the Agricultural Research Service primarily. The testimony that I gave today is based on testimony collected in March on the S. 1081. The bill as amended and available before the committee today is not in our opinion substantially different; therefore, our opinion as supported by HNIS remains the same.

Mr. WALGREN. Was the Research Service asked again?

Dr. HARRIS. Not formally again, no, sir. But they have had input in the past.

Mr. WALGREN. Let me ask you then—we must suspend here for a second because I've got to hustle over there and vote. Congressman Lujan is returning and would like to explore some areas with you, so if you would just sort of stick with us we'll be right back.

[Recess.]

Mr. WALGREN. The gentleman from New Mexico, the Chair would like to recognize you for any comments or questions you'd like to develop.

Mr. LUJAN. Yes, I do, Mr. Chairman, and I apologize for holding you up; I had some constituents that I needed to visit with in-between the votes, and you know how it goes around here. But I do have some questions. First of all, I have a statement that I'd ask unanimous consent to be included in the record.

[The prepared statement of Mr. Lujan, plus attachments follow:]

OPENING STATEMENT

OF

THE HONORABLE MANUEL LUJAN, JR. (R-NM)

HEARING ON S. 1081, THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988

SEPTEMBER 30, 1988

MR. CHAIRMAN, HEARINGS ARE A RARE OPPORTUNITY FOR ALL VIEWPOINTS POINTS TO BE HEARD, PARTICULARLY FROM THOSE RESPONSIBLE FOR CARRYING OUT THE PROGRAMS AT THE FEDERAL, STATE AND LOCAL LEVELS. IT'S A CHANCE TO ASK WHETHER THE IDEAS CRAFTED INTO LEGISLATION ARE NECESSARY, APPROPRIATE, COMPREHENSIVE AND TAKE INTO ACCOUNT THE WIDEST SPREAD OF POINTS OF VIEW.

IN THE HEARING TODAY, I WOULD LIKE TO KNOW WHETHER PREVIOUS CRITICISM OF THIS LEGISLATION STILL EXIST. THEY WERE:

1. THE PURPOSES OF THE BILL ARE ALREADY BEING ACCOMPLISHED UNDER EXISTING LAW BY THE NATIONAL NUTRITION MONITORING SYSTEM MANAGED JOINTLY BY THE TWO AGENCIES;

2. THE ADDITIONAL FEDERAL SPENDING FOR THE TWO COMPETITIVE GRANT PROGRAMS, INTERAGENCY BOARD, AN ADVISORY COUNCIL, EXPANDED DATA COLLECTION AND NEW REPORTING REQUIREMENTS ARE UNWARRANTED;

3. THE BILLS MANAGEMENT STRUCTURE AND REPORTING REQUIREMENTS ARE COMPLEX AND WILL LEAD TO DELAYS--THE BIGGEST CRITICISM WE'VE RECEIVED UNDER THE CURRENT FEDERAL SYSTEM.

ALSO, NOW THAT THE SENATE HAS PROPOSED A NEW TITLE 3 SETTING FORTH DUAL APPROVAL OF ALL DIETARY GUIDELINES, I WOULD LIKE TO KNOW WHETHER THIS PROCESS WILL PROMOTE TIMELINESS OR ARE WE SETTING UP A SYSTEM WHICH WILL HAVE THE SAME PROBLEMS THAT SOME EXPERTS THINK WE HAVE NOW--THAT IS DELAY.

I ALSO READ WITH GREAT INTEREST THE SEPTEMBER 7TH LETTER OF CONGRESSMAN MICKEY LELAND TO THE SUBCOMMITTEE WHERE HE PUTS FORWARD A DIFFERENT CONCEPT FOR A REGIONAL AND COMMUNITY BASED NUTRITION INFORMATION SYSTEM. BEING SOMEONE WHO THINKS THE FOLKS OUTSIDE THE BELTWAY KNOW BETTER THAN US, I WOULD LIKE OUR WITNESSES TO COMMENT ON THIS IDEA WHICH MR. LELAND STATES IS "JUSTIFIED BY HUNGER COMMITTEE FINDINGS THAT NUTRITION STATUS VARIES GREATLY FROM REGION TO REGION."

FINALLY, AS A MEMBER WHO PERSONALLY HAS SUFFERED FROM HEART AILMENT AND QUESTIONS THE ADEQUACY OF NUTRITION EDUCATION IN OUR MEDICAL SCHOOLS, I WOULD LIKE TO KNOW WHAT CAN BE DONE TO IMPROVE THE TRAINING OUR FUTURE DOCTORS RECEIVE, WHAT THE FEDERAL GOVERNMENT CAN DO AND WHETHER WE SHOULD BE ADDRESSING NUTRITION EDUCATION IN THIS BILL.

I THANK THE CHAIRMAN FOR HOLDING TODAY'S HEARING BECAUSE I FIRMLY BELIEVE THAT THIS COMMITTEE SHOULD HOLD TIMELY LEGISLATIVE HEARINGS AND NOT RELY ON OTHER'S RECORDS BEFORE MOVING LEGISLATION. TODAY'S HEARING WAS ADMITTEDLY CALLED IN HASTE DURING THE WANING HOURS OF THE 100TH CONGRESS, AND I WOULD LIKE TO THANK THE WITNESSES FOR THEIR FORBEARANCE IN COMING ON SUCH SHORT NOTICE.

MR. CHAIRMAN, WE HAVE WORKED TOGETHER IN THE PAST ON THIS AND MANY OTHER PIECES OF LEGISLATION. I BELIEVE TODAY'S TESTIMONY WILL HELP US TO CONTINUE THAT PROCESS.

THANK YOU.

ONE HUNDREDTH CONGRESS
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RECEIVED
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COMMITTEE ON
SCIENCE & TECHNOLOGY

September 7, 1988

The Honorable Doug Walgren
Chairman, Subcommittee on Science,
Research and Technology
2319 Rayburn House Office Building

Dear Mr. Chairman:

On August 9, the Senate approved S. 1081, the National Nutrition Monitoring and Related Research Act. I applaud provisions embodied in this legislation and in H.R. 2151, your own proposal, which would improve the surveillance of the nutrtition status of Americans. However, I do have some concerns about the system set forth for achieving this goal and hope that they can be addressed prior to House consideration of the bill.

Although the legislation authorizes the assessment, analysis and reporting of information detailing household food expenditures, participation in federal food assistance programs and nutrition benefit adequacy for a representative sample of the low-income population, there is no consideration of data collection related to food security for this sample group. As evidenced by the rapidly expanding network of private emergency food providers in recent years, there has been an alarming increase in the number of poor Americans who lack access to conventional food sources on a consistent basis, and who are forced to rely on extraordinary sources for food such as soup kitchens and food pantries.

I am also concerned that the legislation does not assure the availability of technical assistance to the numerous state, local, and community-based organizations which have launched data collection and analysis efforts which monitor hunger conditions. Although the bill calls for the establishment of an interagency board and an advisory council to "establish mechanisms for addressing" national nutrition monitoring needs, it does not specify a point of responsibility for executing these services.

Steps to improve the nutrition monitoring in this country are certainly warranted. However, in the quest to improve the current system, I believe we must utilize all available information and support. Rather than focusing on a broad national system that filters down to the community level, perhaps our interest would be best served by developing regional analyses and composing, from these, a useful, responsive system.

The regional approach is justified by Hunger Committee findings that nutrition status varies greatly from region to region. Based on the traditional association of State Extension offices with communities and institutions of higher learning, I believe some consideration should be given to utilizing their expertise, particularly those states in which data collection has commenced and in which research instruments have been developed. This experience would be extremely beneficial in the development of a uniform survey instrument; the assurance of continued technical support for entities involved in the collection of data; and, in the analysis and dissemination of information pertaining to nutrition status and the extent of food security for low-income Americans.

I have enclosed a proposal which outlines and further details this recommendation. I would welcome the opportunity to converse with you on this issue.

Sincerely,

Mickey Leland

MICKEY LELAND
Chairman

Proposal: Establish Regional Centers for Community Surveys

Purpose: Develop an institutional process responsive to local community needs that will assist local communities to monitor hunger conditions, obtaining information and data that will enhance the ability of the community to manage internal and external resources available to sustain a condition of food security for all residents.

Need: While hunger has multiple definitions — i.e., the clinical and behavioral aspects of health; social conditions, such as family abuse; economic, including lack of income; and, emotional, including feelings of hunger — there is one cause: The absence of food security. Food security can be defined as access to normal, or conventional food sources that provide an adequate diet; food insecurity can be defined as a dependence on abnormal food sources. Thus, if hunger is a condition where an individual or family is unable to obtain access to normal food sources, then hunger is defined by how food is obtained. It is possible, therefore, to monitor hunger in the community by examining the degree to which abnormal channels are used — i.e., emergency channels, reliance on single purpose programs, theft, scavenging, debt and its consequences, and other behavior, such as sending children away to obtain food from neighbors or relatives. Other, perhaps more exact, measures include economic status, food budget and food expenditures and such distributive restraints as the degree to which low income individuals and households use higher cost food sources. In the latter instance,

community surveys can provide a statistical description of food costs, including comparative ratios.

Legislative Response:

I. Authorize a program to establish seven (7) Regional Support Centers for Community Surveys to:

A. Develop techniques and methods that can be employed by local communities to monitor hunger conditions (the absence of food security);

B. Assist through technical assistance and other services in the development of management processes to focus internal and external food program resources on food security needs;

C. Collect and aggregate local community data into analyses of hunger conditions at state and regional levels;

D. Develop reports on hunger conditions for the Congress.

II. Authorize Federal Extension Service to administer the Regional Service Center program within the following guidelines:

A. Regional Centers are to be located at designated institutions of higher education that demonstrate:

1. Linkages to state extension service;
2. Survey design capability;
3. Nutrition research capability;
4. Experience in community development services.

B. Performance standards with quantitative measurements shall be developed to evaluate performance levels. Standards shall include national criteria as well as

quantitative assessment formats that require performance evaluations by local community interests, including service agencies and non-governmental organizations in the community, including advocacy groups;

C. Regional Centers shall operate under renewable contracts subject to evaluations at 5 year intervals; contracts shall be reassigned if a center fails to meet performance standards established as norms for a support center.

Mr. LUJAN. Two or three years ago when we held hearings, there were lots of different comments, and I'm rather hazy on it now but one of the things was that the purposes of the bill, that they're already being accomplished under existing law by the National Nutrition Monitoring System that is managed jointly by the two agencies. Is that correct? Do we need to have another mechanism other than the one we have now?

Dr. HARRIS. I'll speak first. USDA's position is that we have an adequate system now, that we can accomplish what needs to be accomplished.

Mr. LUJAN. Is USDA opposing the legislation?

Dr. HARRIS. Yes, sir.

Mr. HARRELL. And DHHS stands by its earlier position on S. 1081. We've taken the latitude, because of the substitute, to say that—to speak just before the break about a kind of ambivalence about this because it does provide some strengthening that could help us to improve the system overall. But that is not an official position. We have not had time to clear views on the substitute S. 1081.

Mr. LUJAN. Well, you picked up an additional ally, or the bill sponsors picked up an additional ally from the Cattlemen because I guess they don't want just you reviewing whatever guidelines there are. I suppose that's because you'll say it's not good for the heart or something like that. And they assume that Ag will say yes, it is good for you; there's all kinds of—you know. So they want Section III of the bill, the one that has Ag to review them.

Both of you support that portion of the bill?

Dr. HARRIS. The Department of Agriculture has not opposed Title III of the bill, no.

Mr. HARRELL. We support it, too. We've raised a concern about some of the language, which I understand can be taken care of in report language so that we all understand the intent. We're supportive of it.

Mr. LUJAN. If for some reason or another this bill were not to pass—and I think it will, but if it didn't, would you—I would assume that neither department would have any objection to a freestanding Title III.

Dr. HARRIS. No, sir, USDA would not.

Mr. LUJAN. Nor would you.

Mr. HARRELL. No, we wouldn't

Mr. LUJAN. One final thing, Mickey Leland in a letter to the committee—have you discussed that already, Doug? No? He says that—well, let me read a couple of the things that he says. "The Hunger Committee finds that nutrition status varies greatly from region to region, and that rather than focusing on a broad national system that filters down to the community level,..."—he's talking about all these groups on the local level that do nutrition monitoring and all of that—"... perhaps our interest would be best served by developing regional analysis and composing from these a useful responsive system."—rather than a national system, a regional system. What do you all think about that?

Dr. HARRIS. The Department of Agriculture reports their data now on a regional basis. There are some food—remember that our data are only dietary data. There are certainly some food choices

that differ by region of the country, but nutrient intake really doesn't differ that much by region of the country.

In terms of the low-income population, we have a legislative mandate to perform a low-income survey any time we do any survey, so we have a separate sample drawn from the low-income population only every time we're in the field with a survey. And now that will be every year.

It's interesting that the data we have from 1985 and 1986 indicate that the low-income people that we did survey nutritionally are as well off as the rest of the population.

Mr. LUJAN. When you say you do the sampling regionally, do you mean like federal regions like Regions 1, 2, 3,—?

Dr. HARRIS. No. We use four regions of the country. West, South, middle-West and East. North.

Mr. LUJAN. What happened to West?

Dr. HARRIS. West is one. South.

Mr. LUJAN. Is it broken down further than that, because it seems to me like that is what Mickey is talking about.

Dr. HARRIS. No, we have not—

Mr. LUJAN. More local sampling?

Dr. HARRIS. No, sir, we do not collect state-level data or local level-data; we draw a statistically representative sample of the U.S. population based on the census tracks, and that is structured in such a way that you can talk about regional data; four regions of the country.

Mr. LUJAN. What about HHS?

Mr. HARRELL. I'd like to call upon Dr. Woteki to respond to your question, sir.

Dr. WOTEKI. I think there are actually two parts to the response. One is about the nature of the surveys that we do and our ability to report on a regional basis. In the national surveys, we design our surveys in such a way that one can produce estimates for the four broad regions of the country as defined by the Census Bureau and used by the Department of Agriculture and us for defining regions. So that capability is built into all of the national nutrition-related surveys that we do at the National Center for Health Statistics.

The question as you've posed it, though, I think would also raise questions about whether one could aggregate information from individual states or from regions to produce national estimates, and the answer to that is we are doing some of that now through our pediatric and pregnancy nutrition surveillance systems that are conducted by the Centers for Health Promotion and Education within CDC. The states provide information on these two high-risk groups, that attend public health clinics within the states, to the Center for Health Promotion and Education, who then aggregate the data and produce trend data.

As with regard to producing national estimates based on aggregated data from states for the purposes of national policymaking, we've tried that in the past with the 10-State Nutrition Survey and we decided that it was not a good model to follow because of the problems in standardizing the measurements that are made in the different surveys.

For the purpose of surveillance, it is a very useful system in the pregnancy and the pediatric surveillance system where we're using

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a set of very, very basic measures like height and weight and hemoglobin and hematocrit that can be standardized fairly well. But for the more technical kinds of analyses that we do on nutritional status using the blood and urine specimens that we collect from the National Probability Samples, the difficulty in standardizing 10, or 20, or 50 different state laboratories is overwhelming. So it's not a good model for national policymaking in these very highly technical areas.

Mr. LUJAN. So bottom line you would say that the proposal for regional subgroups for the testing is not a very good idea. Would that be the point of view?

Dr. WOTEKI. Not for a survey of the nature of NHANES.

Mr. LUJAN. How about Ag? That proposal—?

Dr. HARRIS. If we are talking about it in the way Cathy has described it where the data is collected by organizations in a regional area, we would have the same difficulty she would in standardizing the collection of the data.

Mr. LUJAN. I think he is talking about that because he mentions, you know, the different groups, community groups and things like that. And that is I think what he's talking about.

Thank you very much, Mr. Chairman. I'm sorry to take up so much time.

Mr. WALGREN. Thank you, Mr. Lujan, we appreciate it. We've been joined by the gentleman from Pennsylvania and the Chair would be happy to recognize him for any comments or questions he might like to pose.

Mr. WALKER. Thank you, Mr. Chairman. I do have a short comment paper I'd like to submit for the record if I could so that is there and then follow that up with a few questions.

[The prepared opening statement of Mr. Walker follows:]

HONORABLE ROBERT S. WALKER (R-PA)
OPENING STATEMENT
THE NATIONAL NUTRITION MONITORING
AND RELATED RESEARCH ACT OF 1988
SEPTEMBER 30, 1988

MR. CHAIRMAN, I AM PLEASED THAT THE SUBCOMMITTEE HAD SCHEDULED TODAY'S HEARING. AS MEMBERS AS AWARE, IT HAS BEEN THE POLICY OF THIS COMMITTEE, THAT ALL LEGISLATION INTENDED TO BE MARKED UP AND TAKEN TO THE FLOOR FOR CONSIDERATION BE ACCOMPANIED BY A CURRENT HEARING RECORD AND COMMITTEE REPORT.

HEARINGS GIVE ALL MEMBERS THE OPPORTUNITY TO ASK QUESTIONS, WHETHER IN PERSON, OR FOR THE RECORD. THE MEMBERSHIP OF THE COMMITTEE HAS DRAMATICALLY CHANGED SINCE THE 99TH CONGRESS WHEN WE LAST REVIEWED THE STATUS OF NUTRITION MONITORING. WE HAVE A NEW CHAIRMAN AND AT LEAST 16 NEW MEMBERS. THEIR RIGHTS TO HEAR ALL POINTS OF VIEW AND TO LEARN THE ISSUES AT HAND ARE SAFEGUARDED BY THE HEARING PROCESS. AND THE PUBLIC CAN KEEP ABREAST OF THE COMMITTEE'S ACTIVITIES.

SINCE THREE YEARS AGO WHEN THE LAST HEARING WAS HELD ON NUTRITION LEGISLATION, THE CONGRESS HAS RECEIVED SEVERAL REPORTS DEALING WITH NUTRITION RESEARCH, MONITORING AND ITS HEALTH IMPLICATIONS (E.G. THIS YEAR'S SURGEON GENERAL

REPORT: NUTRITION AND HEALTH; THE 1986 PROGRESS REPORT OF THE JOINT NUTRITION MONITORING EVALUATION COMMITTEE, ETC.) THESE REPORTS HAVE COME FROM BOTH GOVERNMENT AND NON-GOVERNMENT SOURCES. IN FACT, JUST THIS MONTH THE INSTITUTES OF MEDICINE (PART OF THE NATIONAL RESEARCH COUNCIL) PRESENTED A COMPREHENSIVE EXAMINATION OF THE U.S. PUBLIC HEALTH SYSTEM. I CERTAINLY HOPE OUR WITNESSES WILL GIVE THEIR APPRAISAL OF HOW ALL THIS INFORMATION AND THE RECOMMENDATIONS OF THESE REPORTS RELATED TO THE BILL WE HAVE BEFORE US TODAY.

THE CONGRESSIONAL LEGISLATIVE AGENDA HAS GROWN, NOT SHRUNK, SINCE THE LAST CONGRESS. WE HAVE HUNGER RELIEF BILLS, WELFARE REFORM, AGRICULTURE RESEARCH LEGISLATION AND THE HOMELESS BILL BEFORE THE 100TH CONGRESS, JUST TO NAME A FEW **NEW** HEALTH AND AGRICULTURE ORIENTED PROPOSALS.

AT THE SAME TIME WE CONSIDER THE LEGISLATIVE PLATE, CONCERN FOR DISEASES SUCH AS AIDS AND ALZHEIMERS IS INCREASING.

THIS MEMBER IS PARTICULARLY INTERESTED IN KNOWING WHAT WE'VE GOTTEN OUT OF THE NUTRITION MONIES WE'VE APPROPRIATED IN THE PAST THREE YEARS, BEFORE WE ADD ANOTHER BILL TO THE ABOVE LIST. LET'S BE SURE WE REALLY NEED IT BEFORE WE BRING IT TO THE FLOOR.

BEFORE THIS MEMBER CAN SUPPORT NEW PROGRAMS, I WANT TO KNOW: IS THIS PROGRAM REALLY NEEDED? WHAT IS THE RELATIVE PRIORITY INVOLVED? HOW MUCH WILL IT COST? WHERE WILL THE MONEY COME FROM? IN THESE DAYS OF GRAMM-RUDMAN-HOLLNGS THERE IS NO FREE MONEY -- SOMETHING MUSI BE CUT -- WHAT WILL IT BE? FINALLY: WHAT IS THE ADMINISTRATION'S POSITION? IF THERE IS A PROPOSED VETO WHY ARE WE WASTING THE TIME OF THE COMMITTEE WITH A BILL ALREADY DOOMED.?

I APPRECIATE THE WITNESSES TIME AND WILLINGNESS TO TESTIFY ON SHORT NOTICE. YOU ARE ASSISTING US IN ADDRESSING IMPORTANT ISSUES AND HOW BEST TO ALLOCATE THE TAXPAYERS DOLLARS. YOUR TIME AND EFFORTS WILL BE WELL SPENT.

THANK YOU, MR. CHAIRMAN.

Mr. WALKER. On the topic that we were just discussing, as I understand it S. 1081 does encourage state level monitoring. Now, if I understood correctly what we were just told, that if you got this state level data it would not be very useful in terms of aggregating it in order to come up with national statistics? Is that what I understood you to say?

Dr. WOTEKI. What I said was it's dependent on the nature of the measurement that one is doing. If it's a measurement like height and weight where we can send teams out to train people in the states to take the measurements, a fairly straightforward one, it can be easily standardized; in those kinds of cases the aggregation of data from states is completely appropriate.

In the kinds of measurements that we're attempting to do in our next NHANES survey, some of them are extremely sophisticated.

Mr. WALKER. And subjective.

Dr. WOTEKI. Determining the levels of certain vitamins, for instance, in blood or urine specimens that are obtained. And there is enormous difficulty in standardizing laboratories. In those specialized kinds of areas, I don't think it is a good idea to aggregate data from states without having in place an extensive round robin exchange kind of quality control system set up within the laboratories. That would be very burdensome.

Mr. WALKER. So in other words, some of the data that is being suggested in S. 1081, it would not be appropriate for us to use state monitoring to aggregate national statistics.

Dr. WOTEKI. I think that's correct, yes. And in other cases it would be.

Mr. WALKER. Yes. In other words, that's a mixed bag.

Dr. WOTEKI. Yes.

Mr. WALKER. Secondly, S. 1081 is kind of mute on the subject of where the money is going to come from for these states to do this monitoring. Is there extra money in the federal nutritional effort right now to pay for this activity in the states?

Dr. HARRIS. Not in USDA's coffers.

Mr. WALGREN. If the gentleman would yield—well, I'll let the witness respond.

Mr. WALKER. I'd be glad to listen to the Chairman on this.

Mr. WALGREN. It's my understanding that we are not mandating any state collection.

Mr. WALKER. Certainly encourages it, doesn't it?

Mr. WALGREN. We are offering technical assistance to states.

Mr. WALKER. Well, that's fine. Where's the money going to come from for that?

Mr. WALGREN. And the states may very well pay for that.

Mr. WALKER. I see. And the states have all kinds of extra money to pay for this, do they?

Mr. WALGREN. Well, if they want it they would have to pay for it, unless there is some provision that is not in the bill.

Mr. WALKER. So the states are going to reimburse the federal government for the technical assistance that they are going to give them in this area where the federal government gets only mixed information that's any good to them. Is that what I'm understanding here?

Mr. WALGREN. Well, I just wanted to indicate that it is my understanding of the bill that we are not mandating state collection, we are certainly trying to cooperate with the states in any way we can. There is no money in this bill that provides for state level efforts, and therefore, if it is to happen, whatever is to happen on the state level is to happen on the state's initiative.

Mr. WALKER. I see. So we're going to tell the states that we're encouraging them to do something that we're not willing to pay for. But yet, because it's in here, we think it would be good for the nation even though the mixed data that we get from the states may not be that good for the nation and nobody knows how we're going to pay for it. Now there's a piece of legislation that we really ought to be considering at the last minute of the Congress. It really does my heart good to think that we're going to wreak this confusion out across the nation on nutrition in that kind of manner.

Let me ask this question. If the money does happen to come out of other nutrition programs—now I've just heard testimony we don't have any extra money and we know under Gramm, Rudman there's no extra money going to be around for some time to come—if the money comes out of other nutrition programs, what are we going to have to take money away from in order to do the work that's contemplated by S. 1081? Where are we going to get the money? You all are going to be asked that by OMB. OMB is certainly not going to do this. I mean, what nutritional efforts that the nation is now pursuing are going to be hurt by imposing another level of administrative burden on top of programs already underway?

Dr. HARRIS. Okay. The other nutrition activity from the Department of Agriculture are the research areas under the Agricultural Research Service; we have five human nutrition research centers there. There is a small competitive grants program which has had difficulty being funded this year, and we have the food assistance programs. Those are the only nutrition efforts of the Department.

Mr. WALKER. So this might have to come out of the food stamp program?

Dr. HARRIS. I doubt that would be allowed.

Mr. WALKER. Okay, so we couldn't take it out of there. And the other things we have going for us are we've got a research program that already is under-funded, couldn't do everything that it was supposed to do this year.

Dr. HARRIS. That is correct, sir.

Mr. WALKER. And we would impose this on top of that, yet?

Dr. HARRIS. I presume so.

Mr. WALKER. That's what you read this bill as contemplating? How long have you had—how long was the Department given to look over this bill to look at some of those questions? When did you get this bill?

Dr. HARRIS. The substitute bill came yesterday.

Mr. WALKER. So you've had all of one day to take a real look at this thing so we may be operating in a little bit of confusion there, too, because the exact implications of it I assume would take probably a little bit more than a day to completely understand.

The Surgeon General recently issued a report on nutrition and health. Could you summarize the recommendations from that

report and what impact they're going to have on nutritional monitoring?

Mr. HARRELL. Yes, sir. Beyond the four points that I made in my opening statement, the Surgeon General's report talked about issues for all the population and then issues for some of the population, and I can just list those off for you very quickly.

For most of the people of the country, it made a recommendation to reduce the consumption of fat, especially saturated fat and cholesterol, and to choose foods relatively low in these substances such as vegetables, fruits, whole grain foods, fish, poultry, lean meats and low fat dairy products, and to use food preparation methods that add little or no fat.

Secondly, the report made recommendations about energy and weight control to achieve and maintain a desirable body weight. To do so, choose a dietary pattern in which energy or caloric intake is consistent with energy expenditure. To reduce energy intake limit consumption of foods relatively high in calories, fats and sugars and minimize alcohol consumption, and increase energy expenditure through regular and sustained physical activity.

In the area of complex carbohydrates and fiber, to increase consumption of whole grain foods and cereal products, vegetables including dried beans and peas, and fruits. In the area of sodium, to reduce the intake of sodium by choosing foods relatively low in sodium and limiting the amount of salt added in food preparation and at the table. In the area of alcohol, to reduce the risk of chronic disease, take alcohol only in moderation, no more than two drinks a day if at all, and avoid drinking any alcohol before or while driving, operating machinery, taking medications or engaging in any other activity requiring judgment.

Then the issues for some people have to do with fluoride additives; sugars, especially for children; calcium, especially for adolescent girls and adult women; and iron for children, adolescents and women of child-bearing age.

Mr. WALKER. I'm not an expert in the field but all those seem like fairly reasonable kinds of guidelines. Is this regarded as being a fairly sophisticated and comprehensive report?

Mr. HARRELL. It is indeed, because what it does is bring together a review of 2,500 scientific articles, and for the first time gives a scientific underpinning to the things that people have been saying but have not been able to point to all of the scientific evidence. Plus, it is the first time the Federal government has said these things in a comprehensive way.

Mr. WALKER. Pretty good report, then. If S. 1081 had been in effect, would that report have had to been changed? I'm thinking particularly about the due approval of dietary guidelines—would that have affected that report?

Mr. HARRELL. It is possible that in fact we would have been able to say some more things about the issues for some people because as we improve the monitoring system—and I would assume that some improvement could be expected with legislative clout behind it—we will be able to look more particularly at special groups and be able to address or to focus our dietary guidance for groups that may have particular needs.

Mr. WALKER. So the "some people" thing might have been strengthened a little bit by this?

Mr. HARRELL. Yes, the "some people" probably.

Mr. WALKER. Even if what we were doing was getting a lot of confused information from the states, as is possible under this bill, wouldn't that have weakened the report if what you had was a whole bunch of data coming in from the states that can't be properly aggregated and therefore lends to a lot of confusing statistics? Couldn't that have ended up weakening this report?

Mr. HARRELL. It would have added more information to be considered, but that's the nature of scientific analysis; to deal with a lot of differing approaches.

Mr. WALKER. Sure. That's really what research is all about it. And if I understand a minute ago, if we pass this bill and take resources away, the place we're going to have to take resources away is from the research effort which is already under-funded.

Now, you know, I've got to tell you, this isn't what we ought to be doing in this committee at the end of this Congress. It may make some sense to go ahead and do Title III of this particular bill at this point and get that cleared away, but to have this kind of confusion added to the whole nutritional monitoring system and take it out of the hide of programs that are already suffering just doesn't make any sense at all. And I certainly appreciate the responses of the witness and thank you, Mr. Chairman.

Mr. WALGREN. Mr. Lujan?

Mr. LUJAN. Mr. Chairman, I have one short question and it has kind of a personal nature to it. I had a heart bypass two and a half years ago and what I found out, that I didn't know before, is that the cholesterol level as far as I was concerned probably came 75 percent genetics and maybe 25 percent whatever I eat. Then from that you test the whole family and it gets down to my little granddaughter who is six years old that they want to put on a diet because she's gotten that bad gene from me, you know, the cholesterol level is all that bad.

How do you account for me, for a guy like me with that genetic background in your nutritional monitoring? Do you take those kinds of things into consideration? I know that's not pertinent to the hearing but it's just kind of something interesting from my point of view.

Dr. WOTEKI. We're beginning to get to the point where we can do that. In past surveys we have done analyses of cholesterol levels in blood, but we've never been able to link these to a genetic predisposition for high cholesterol because genetic analysis tools, the state-of-the-art in genetics, were not sufficient.

For the survey that we will be beginning in a couple of weeks, from the blood specimens that we collect from people, we will be harvesting white cells that contain genetic DNA—genetic material—and storing them in such a way that we'll be able to use the sophisticated new techniques developed now in the field of genetics to determine, when those tools become available, the genetic predisposition for those diseases where it is known.

So as these—they're called probes—as these probes are developed and tested in other laboratories funded by the NIH and other organizations, we'll be able to use our Health and Nutrition Examina-

tion Survey as a research tool to begin to explore the relationships between genetics, diet and the predisposition for chronic diseases.

Mr. LUJAN. So eventually we'll have that component into all of this nutritional monitoring.

Dr. WOTEKI. Yes. We are building a specimen bank within the Centers for Disease Control for the purposes of storing the blood specimens and the genetic material under conditions so that it will be available to researchers for many years to come.

Mr. LUJAN. Thank you, Mr. Chairman.

Mr. WALGREN. Let me ask, going back, Dr. Harris, to our interchange before about OMB, it's my understanding that Mr. Bodie in the Department of Agriculture has written to OMB stating objections to eight questions that HHS submitted to the Department of Agriculture. Is that right?

As I understand it, Department of Agriculture is objecting to questions submitted by Department of Health and Human Services, and our interest is in the comments that the Department of Agriculture made in objecting to those questions by HHS. We'd like to ask just for a submission of some explanation of those objections to the questions proposed by HHS by the Department of Agriculture.

Dr. HARRIS. Certainly. You want me to do it now or for the record?

Mr. WALGREN. Well, let's have it for the record. That might be more clear.

Dr. HARRIS. All right, be happy to.

[Information referred to follows:]

DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20250

NOV 10 1988

Honorable Doug Walgren
Chairman
Subcommittee on Science, Research and Technology
United States House of Representatives
Washington, D.C. 20250

Dear Mr. Chairman:

On September 30, I testified before the subcommittee on Science, Research and Technology regarding S. 1081, the National Nutrition Monitoring and Related Research Act. At that time, you asked me to respond in writing about the U.S. Department of Agriculture's (USDA) role in the clearance of the National Health and Nutrition Examination Survey. I am happy to do so.

Well over a year ago, USDA alerted the staff of the National Center for Health Statistics (NCHS) both in writing and in conversations, that we had some specific changes we would like to see in questions relating to the food assistance programs and questions about food sufficiency.

Since not all issues had been resolved at the time NCHS submitted the questionnaire to the Office of Management and Budget (OMB), we agreed with the staff of the Department of Health and Human Services (DHHS) to discuss our remaining concerns with OMB. Such a discussion was held and a satisfactory compromise reached. The compromise included a new question and some rewording of other questions to make them more reliable.

During the hearing, you also referred to a memorandum describing some decisions reached on other monitoring issues. You did not state who the author of the memorandum was. I understand from our staff that the memorandum was authored by Dr. Catherine Woteki. My reading of the memorandum is that from time to time there have been reasonable differences of opinion about the rate of progress being made in the nutrition monitoring system. Some people tend to always view the glass half empty, others tend to view the same glass half full. Such differences will likely continue but they do not indicate a lack of coordination between the agencies involved in monitoring activities.

I regret that you have not been convinced of our progress in improving the nutrition monitoring system. Over the next few years, the changes that have been implemented and those that will be implemented will result in a vast array of data about the dietary and nutritional status of the U.S. population and

specific subgroups.

We are continuing to look for ways to improve the system and welcome your recommendations. We have been and will continue to seek review of our activities by outside groups.

Thank you again for allowing me, on behalf of USDA, to describe our concerns relative to S. 1081.

Sincerely,

SUZANNE S. HARRIS, PhD.
Deputy Assistant Secretary for
Food and Consumer Services

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November 29, 1988

Suzanne S. Harris, Ph.D.
Deputy Assistant Secretary for
Food and Consumer Services
Department of Agriculture
Washington, DC 20250

Dear Dr. Harris:

Thank you for your letter of November 10, 1988 in response to information I asked that you supply for the record during the Subcommittee's September 30 hearing on S. 1081, the National Nutrition Monitoring and Related Research Act of 1988.

Your response summarized the USDA's role in the Office of Management and Budget (OMB) process of clearing questions concerning food assistance programs and food sufficiency proposed by DHHS's National Center for Health Statistics for inclusion in the National Health and Nutrition Examination Survey. However, your response did not address the specific questions asked on page 64 of the hearing transcript (copy enclosed). To reiterate, the information requested for the record concerned the USDA's objections to specific questions submitted by the DHHS for clearance by OMB and an explanation of the USDA objections.

We would appreciate receiving the information requested by December 9, 1988 so the hearing record can be finalized at that time.

Sincerely,

DOUG WALGREN, Chairman
Subcommittee on Science,
Research and Technology

DW/bg
Attachment

DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20250

DEC 7 1988

Honorable Doug Walgren
Chairman
Subcommittee on Science, Research and Technology
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman,

I regret my letter of November 10, 1988 did not fully respond to your query from the September 30, 1988 hearing on S. 1081, the National Nutrition and Related Research Act of 1988. The U.S. Department of Agriculture raised two types of issues concerning questions in the Third National Health and Nutrition Examination Survey (NHANES).

The first issue was that the questionnaire did not provide adequate information about the respondent's household income. Without additional information, it would not be possible to judge whether or not the respondent would likely be eligible for the various food assistance programs. Although NHANES is not meant to evaluate food assistance programs, it is reasonable to assume that the data will be used by some as justification for changes in these programs.

The second area of concern was that many of the questions designed to evaluate food sufficiency were subjective and somewhat leading. For example, the respondent would be asked a question that involved recall of event frequency over an extended time period and the interviewer would provide frequency categories for the respondent to use. These questions are more objective when left open-ended, allowing the respondent to volunteer the answer.

Our purpose in raising these objections was to get additional questions included which would better document the income of the respondent's household and to phrase questions in the most objective manner possible.

Thank you for giving me the opportunity to address your question more fully.

Sincerely,

Suzanne S. Harris

SUZANNE S. HARRIS, Ph.D.
Deputy Assistant Secretary for
Food and Consumer Services

Mr. WALGREN. Okay. Well, on behalf of the committee, we want to express our appreciation for your participation in these hearings and your perspectives on this question. Thank you very much.

The next panel, Larry Gordon, a visiting Professor from the School of Public Administration at the University of New Mexico; Burt Eller, Vice President of Government Affairs of the National Cattlemen's Association, and Scott Ballin, Vice President and Legislative Counsel for the American Heart Association. It's my understanding that Mary Crane, who is Legislative Representative for the Heart Association will testify on behalf of Mr. Ballin.

If you folks would come forward we'd appreciate your perspectives. As we said at the outset, your written statements will be made part of the record without more, and you can feel free to try to underscore in some way the points that you really think would be most important to make and for others to have highlighted for them. And if you could do that in something over five minutes or thereabouts, we'd certainly appreciate it. Let's proceed in the order in which I introduced you to the record, and Mr. Gordon, we're happy to hear you.

STATEMENT OF LARRY J. GORDON, VISITING PROFESSOR, SCHOOL OF PUBLIC ADMINISTRATION, UNIVERSITY OF NEW MEXICO, ON BEHALF OF THE ASSOCIATION OF STATE AND TERRITORIAL PUBLIC HEALTH NUTRITION DIRECTORS

Mr. GORDON. Thank you very much, Mr. Chairman and committee members. I'm pleased to be here this morning representing the Association of State and Territorial Public Health and Nutrition Directors, an organization of nutrition professionals representing the health agencies of the 56 states, territories, districts and commonwealths. I am also here representing the State of New Mexico as the Health Policy Advisor to Governor Gary Caruthers, and I am here representing the American Public Health Association as past president of that body and its 50,000 members of public health professionals throughout the United States.

The need for national nutrition monitoring legislation has only intensified in the four years since we first testified in favor of a bill in this House of Representatives. While we recognize and appreciate the efforts of the Department of Health and Human Services and the Department of Agriculture to work with one another and with those of us in state health agencies, these efforts do not preclude the need for this legislation. Even greater cooperation and coordination is essential, and even the progress that has been made could easily be eradicated by a change in administration or key personnel changes in the various lead agencies.

Today I will briefly describe some of the responsibilities, problems and needs of state and local health departments in regard to food and nutrition data that will be supported by this legislation. I will also address a few of the specific provisions of the bill.

We in the states have an increased responsibility for planning programs and services to meet the needs of our citizens, and frequently very little or inadequate information on which to base those decisions. There's been a steady increase in the competition for our limited state and federal resources and this has been allud-

ed to, and a need to allocate those resources in an equitable manner. Timely, complete and reliable data are essential to our task of developing policies and programs to meet the changing health needs of our citizens.

Over the past several years, we have been faced with making decisions about the magnitude and severity of nutritional problems within our jurisdictions without good nutrition data on which to base decisions. Massachusetts, New York and Texas I'm told have been able to conduct limited state nutrition surveys to determine specific nutrition problems and have used these data to secure state funding to expand their WIC programs. With limited resources, most states cannot undertake comprehensive surveys and must continue to rely on the federal government for leadership in the collection and interpretation of nutrition status data.

We need reliable, standardized data that are readily accessible to the states. The core of the current National Nutrition Monitoring System consists of the National Health and Nutrition Examination Survey, as you know, NHANES, and the Nationwide Food Consumption Survey with, depending on who is counting, up to 30 other data sources. The majority of these data sets exist independently of one another. Within this mountain of data there is some overlap, some gaps and many inconsistencies and virtually no way to put any combination together to get a complete picture of the dietary and nutritional status of the American public. We in the States need a system that coordinates the studies so that the results can be used to portray an accurate picture of our citizens and identify those with problems who are in need of services. With such data we can develop programs that target specific problems.

We need more specific information about groups who are most vulnerable to nutrition problems. The current sampling methods used for most of these studies results in under-sampling those most likely to have nutrition problems; the very young, the elderly, the poor, especially the homeless and certain minority groups. This understanding of vulnerable groups is a particular problem for a state such as New Mexico. We have a population mix unlike any other state. Some 36 percent Hispanic, many of those from old Spanish families which have been in New Mexico for centuries; 8 percent Indian; 53 percent Anglo; and 2 percent Black. Of our 1.5 million population, 50 percent of our children under age five have family incomes below 185 percent of poverty. We have a young population but rapidly increasing elderly population. NHANES data do not fit the New Mexico population. Using national data averages, it is too easy to assume that under-nutrition is not a problem.

While we recognize the importance of establishing norms, we must also advocate for a system that documents nutritional problems in our country so that we can target resources appropriately. We applaud the inclusion in this legislation of the requirement to develop a plan for the continuous monitoring of these high risk groups.

I cannot overstate the importance of timely information. We are now writing objectives for the year 2000, and HANES III has not started—and this has been discussed this morning. Once more we are writing objectives with an inadequate data base. The same thing occurs when we try to set goals at the state level and, as I'm

sure you all understand, it is difficult to convince legislators that they should fund programs to meet needs that we cannot actually describe or quantify.

We must know trends in nutritional status and dietary habits. The population of the United States represents the proverbial moving target. There is a critical need for new, cost-effective methods for monitoring trends in food consumption and nutritional status. There has been little work by either Health and Human Services or USDA to develop shorter, cheaper methods that we could use in the states to supplement the national studies.

Perhaps the greatest need in the states is for technical assistance, the sharing of the knowledge and expertise of those who work on these federal projects with our state. At the federal level, there are the resources to develop new methods and equipment and to teach us new ways of looking at our work. The demand for statistical support is great and our resources are limited. Few of us can afford the luxury of statisticians who are experts in any one field such as nutrition.

Finally, as users of nutrition data, we need to participate in the planning of the various studies and surveys. We would like to have the opportunity to pose or review the questions that we believe need to be answered in order to plan effective programs. We would like to participate in the setting of priorities and making of decisions about how surveys are conducted, the type of data to be gathered, and most critically, how that information will be distributed.

We especially appreciate the inclusion of the National Nutrition Monitoring Advisory Council in this legislation. It provides the first formal opportunity for users of nutrition monitoring data to provide input and guidance to the federal agencies about their needs.

In summary, Mr. Chairman, a discussion of the need for nutrition monitoring began in the early 1970's and has been discussed in both houses of Congress almost every year since. The time for purposeful action is now. The American public is concerned both about nutrition problems that affect the nation's health and about limited resources available to intervene to counter these problems. Federal, state and local health agencies need timely information to make decisions. To date, the mechanisms designed to meet these needs have not produced the desired results.

Nothing less than the passage of the National Nutrition Monitoring and Related Research Act of 1988 will provide the national structure needed to achieve optimal nutrition health from our investment.

I might compare this to certain other public health issues such as, for example, air pollution. It would certainly be inappropriate if state and local health agencies and EPA were in the business of trying to solve air pollution or water pollution or tobacco use or whatever without having a good problem quantification and definition on which to base their programs. I've seen too many programs at the state and local levels where the programs are designed before the problem is well understood.

We're pleased and compliment Surgeon General Koop about raising the consciousness of the American public about the nutrition problem in this nation and indicating the high priority of nutrition to the health of the American public.

Mr. Chairman, it was a long time ago when I went to the School of Public Health but I learned a few things that I still remember. On one occasion I heard the then New York State Health Commissioner get up and make the statement that I've thought of almost every since then when he stated that equals cannot coordinate equals. I think it's essential that something this important be institutionalized as a mechanism to insure and require coordination and not leave it to the good will of people in office at any given moment when obviously we all change.

I would suggest that it will cost some money but perhaps the cost of the inefficiency associated with the current effort is greater than the cost of a well-ordered, structured approach. Thank you, Mr. Chairman and committee members.

[The prepared statement of Mr. Gordon follows:]

Statement
of the
Association of State and Territorial
Public Health Nutrition Directors

An affiliate organization of the
Association of State and Territorial
Health Officers

on

THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT

(S. 1081)

Before The
Subcommittee on Science, Research and Technology
Committee on Science, Space, and Technology

Presented by

Larry J. Gordon
Visiting Professor, School of Public Administration
University of New Mexico
Albuquerque, New Mexico 87110
(formerly Secretary, New Mexico Department of Health and Environment)

September 30, 1988

Larry J. Gordon

Statement of Mr Larry J. Gordon
Subcommittee on Science, Research and Technology
National Nutrition Monitoring and Related Research
30 September 1988 Washington, D.C.

Mr Chairman, members of the Committee and Associates: On behalf of the Association of State and Territorial Public Health Nutrition Directors, an organization of Nutrition professionals representing the health agencies of the 50 states, territories, districts and commonwealths, I thank you for the opportunity to speak in support of legislation that will, for the first time provide this country with a coordinated, integrated and timely system for Nutrition Monitoring.

The need for National Nutrition Monitoring legislation has only intensified in the 4 years since we first testified in favor of a bill in the House of Representatives. While we do recognize and appreciate the efforts of the Department of Health and Human Services (DHHS) and the U.S. Department of Agriculture (USDA) to work with one another and with those of us in State Departments of Health, these efforts do not preclude the need for this legislation. Even greater cooperation and coordination is essential and even the progress that has been made could easily be eradicated by a change in administration or key personnel in lead agencies.

Today I will describe some of the responsibilities, problems and needs of State and Local Health Departments in regard to food and nutrition data that will be supported by this legislation. I will also address some of the specific provisions of the bill.

We in the States have an increased responsibility for planning programs and services to meet the needs of our citizens, and very little information on which to base those decisions. Health Departments are charged with the responsibility for promoting and protecting the health of the public including the control of communicable disease, control of chemical contamination, and of alleviating chronic health and social problems. The expectations of state and local health departments have also been expanded during this current administration as the "New Federalism" has shifted the emphasis for planning and priority setting to the states.

There has been a steady increase in the competition for limited state and federal resources, and a need to allocate those resources in an equitable manner. Timely, complete and reliable data is essential to our task of developing policies and programs to meet the changing health needs of our citizens. Over the past several years we have been faced

Larry J. Gordon

with making decisions about the magnitude and severity of nutritional problems within our jurisdictions without good nutritional data on which to base decisions. Massachusettes, New York and Texas have been able to conduct limited state nutrition surveys to determine specific nutrition problems, and have used the data to secure state funding to expand their WIC programs. With limited resources most states cannot undertake comprehensive surveys and must continue to rely on the federal government for leadership in the collection & interpretation of nutrition status data.

We need reliable, standardized data that is readily accessible to the states. The core of the current National Nutrition Monitoring "system" consists of the National Health and Nutrition Examination Survey (HANES) and National Food Consumption Survey (NFCS), with, depending on who is counting, up to 30 other data sources. The majority of these data sets exists independently of one another. Within this mountain of data, there is some overlap, some gaps, many inconsistencies, and virtually no way to put any combination together to get a complete picture of the dietary habits and nutritional status of the American public. We in the states need a system that coordinates the studies so that the results can be used to portray an accurate picture of our citizens and identify those with problems who are in need of services. With such data we can develop programs that target specific problems.

We need more specific information about groups who are most vulnerable to nutrition problems. The current sampling methods used for most of these studies results in undersampling those most likely to have nutrition problems: the very young, the elderly, the poor, especially the homeless, and certain minority groups. While we recognize the importance of establisning "norms" we must also advocate for a system that documents nutritional problems in our country so that we can target resources appropriately. We applaud the inclusion in this legislation of the requirement to develop a plan for the continuous monitoring of these high risk groups.

I cannot overstate the importance of timely information. When the 1990 Nutrition Objectives were published in 1980, HANES I data, collected from 1971-74, was used to set the baseline levels, when data from HANES II, 1976-80, became available, it was clear that significant changes had already occurred in several parameters (average cholesterol levels had decreased and there had been a 3-4 % increase in obesity). We are now writing Objectives for the Year 2000, and HANES III has not even started. Once more, we are writing objectives with an inadequate data base. The same thing occurs when we try to set goals at the state level, and

as I'm sure you all understand, it is difficult to convince legislators that they should fund programs to meet needs that we cannot accurately describe.

We must know trends in nutritional status and dietary habits. The population of the United States represents the proverbial "moving target". The new USDA "Continuing Food Consumption Survey" has addressed this need, but we need the same type of information on health status, food program utilization and composition of the food supply. This might have allowed us to predict the increase in use of emergency food programs over the past several years, and to have instituted programs to alleviate inadequate access to food problems earlier.

There is a critical need for new, cost effective methods for monitoring trends in food consumption and nutritional status. There has been little work by either DHHS or USDA to develop shorter, cheaper methods that we could then use in our states to supplement the national studies. The first national food consumption survey was done in the 30's and both USDA and DHHS have participated in numerous surveys ever since. Yet even with the telephone and microcomputers available, we still do not have easy to use, accurate, economical methods for determining what people eat. The State of California recently developed a telephone survey to determine eating habits. It cost $50,000 to develop, but they do not have the evidence they need to be assured of the validity of their work.

Perhaps our greatest need in the states is for technical assistance, the sharing of the knowledge and expertise of those who work on these federal projects with our staffs. At the federal level there are the resources to develop new methods and equipment and to teach us new ways of looking at our work. The demand for statistical support is great, and our resources are limited. Few of us can afford the luxury of statisticians who are experts in any one field, such as nutrition.

Over the years the federal agencies have become much more open and have shared vast amounts of data with us, but we need more than copies of computer tapes and printed reports. We would like assistance in interpreting and using the data, in setting up local date bases, and supplementing the national data. The nutrition staff at the Centers for Disease Control have been particularly helpful in assisting us to set up various surveillance projects including Pediatric Surveillance, Pregnancy Surveillance, and the Behavioral Risk Factor Surveillance survey. This type of assistance from NCHS, USDA and the other federal agencies is also needed. The potential for sharing resources and data between the states and federal government is extensive, the

plan required by this legislation would give a great deal of impetus to this sharing.

Finally, as users of nutrition data, we need to participate in the planning of the various studies and surveys. We would like to have the opportunity to propose the questions that we believe need to be answered in order to plan effective programs. We would like to participate in the setting of priorities and making of decisions about how surveys are conducted, the type of data to be gathered, and most critically, how that information will be distributed. At the present time we are unaware of any plan for the distribution of the millions of dollars worth of data that will be collected during HANES III. If the practice used in the past is followed, data tapes will be made available to academic institutions for analysis. Reports will come years later as masters theses and doctoral dissertations are finally completed. Vast amounts of the data may never be distributed if no one is particularly interested in reviewing and publishing it.

Even without additional funding, this proposed legislation has a several of features that make it especially important to State Health Departments. First is the centralization of Nutrition Monitoring activity with the requirement for a written plan and regular reports to congress; the provision of technical support to the states; inclusion of a program of grants to states; the requirement for a budget for nutrition monitoring activity; and finally, the requirement for an advisory committee to the program.

We believe that the coordination of nutrition monitoring activity at the federal level is extremely important in solving some of the problems we have experienced using data from several different sources. At a minimum this activity should make it easier to understand how and when to use each of these surveys. We expect that with a central plan there will be a focal point or clearing house available to advise us on data items available and their use. We also expect that this plan will emphasize gaps in the current network of services such as the impact of the various food assistance programs, and the role of attitudes, motivation and skill in determining food habits. A written plan will let us know what we can count on. It will help immensely in knowing what studies are underway and when we can expect reports.

At the present time, nutrition monitoring is a discretionary item in each agency budget. This makes it an easy target in times of budgetary constraint. Making it a line item will clarify to congress and the public just how much is allocated, and what value we get for our money. Again, it will provide some assurance that data we are counting on will

be forthcoming.

We especially appreciate the inclusion of the National Nutrition Monitoring Advisory Council in this legislation. It provides the first formal opportunity for users of nutrition monitoring data to provide input and guidance to the federal agencies about their needs. We would like to suggest one minor change in the composition of the committee. That is, to assure the participation of state and local health departments by specifying employees of health agencies rather than simply "government employees". Because of the mandate for health departments to promote the health of the public, employees of these agencies are more likely to have knowledge and experience with surveys, their uses and their problems than employees in other departments such as education or welfare. It is vital that the "end users" in public health be included as well as the academicians who are typically viewed as the users of this data.

In further support of this legislation I would like to cite the findings and recommendations of four study groups. The first, the Presidents Task Force on Food Assistance in 1984, upon discovering there was no data to assess whether or not nutritional status in this country had worsened, recommended:

1. Improve the major surveys;
2. Expand uniform state reporting;
3. Develop new measurement tools; and,
4. Conduct smaller more frequent surveys to give more current information.

The second, the progress report of the Joint Monitoring Evaluation Committee entitled "Nutrition Monitoring in the United States" and issued jointly by USDA and DHHS in July 1986 made 14 recommendations in 4 categories:

1. Improve information exchange between data users and gatherers;
2. Increase the use of the data collected under the national nutrition monitoring system;
3. Improve the methods and techniques for gathering information and assessing nutritional status; and,
4. Increase resources for the National Nutrition Monitoring System.

The Federation of American Societies for Experimental Biology, in their 1985 midcourse review of progress toward the National Nutrition Objectives for 1990 found little evidence of progress and concluded that there was inadequate data to monitor or determine whether progress was being made. The National Agricultural Research and Extension Users Advisory Board in their 1985 report to the president and congress also called for an improved National Nutrition Monitoring System.

Larry J. Gordon

There is little evidence of progress in solving any of these problems or meeting these recommendations. We continue to believe that this legislation is needed, and needed now, in order to get nutrition monitoring on track and to have a true system in this country, rather than a collection of activities carried out by several agencies as we do now. I would like to again emphasize that we in the states do not expect the federal government to act alone. We stand willing to work with the administration in planning and developing a National Nutrition Monitoring System, helping to collect the data and to use and publicize the results.

In summary, the discussion of the need for nutrition monitoring began in the early 1970's, and has been discussed in both houses of congress almost every year since. The time for purposeful action is now. The American public is concerned both about nutrition problems that affect the nation's health and about limited resources available to intervene to counter those problems. Federals, State and Local Health Agencies need timely information to make decisions. To date, the mechanisms designed to meet these needs have not produced the desired results. Nothing less than the passage of the National Nutrition Monitoring and Related Research Act in 1986 will provide the national structure needed to achieve optimal nutritional health from our investment.

Thank you for the opportunity to address this committee today. I am prepared to answer questions as you wish.

Mr. WALGREN. Thank you very much, Mr. Gordon, I appreciate that testimony. We will turn then to Mr. Eller. Welcome to the committee, Mr. Eller.

STATEMENT OF J. BURT ELLER, JR., VICE PRESIDENT, GOVERNMENT AFFAIRS, NATIONAL CATTLEMEN'S ASSOCIATION

Mr. ELLER. Thank you, Mr. Chairman. Mr. Chairman, I'm sure you've seen the long and impressive list of agricultural producer groups who support the passage of the National Nutrition Monitoring and Related Research Act of 1988. I wish there were time for all of them to testify today; however, I'd be happy to submit this list for the record.

U.S. agriculture has long provided Americans with the most wholesome, safest and inexpensive food supply in the world. We believe food is a positive element in diet and health. A well-balanced plan of nutrition is a major goal of most societies.

Mr. Chairman, the federal government regularly issues information and advice that can have profound effects on consumers, farmers and ranchers and the business world. As cattlemen we have been appalled at the lack of cooperation and coordination between and within federal agencies regarding the whole diet, health, nutrition arena, and over the years, Congress has added to this confusion with a mish-mash of authorizing legislation which many times failed to clarify and define the missions and responsibilities between HHS, USDA and other agencies.

USDA has been charged with developing human nutrition research at its five human nutrition research centers and other agencies around the country. In addition, USDA maintains the data bank on the nutrient composition of foods today. They're the only agency that maintains that bank. They're also charged with disseminating nutrition information to the public. The USDA is clearly responsible for advising us about good nutrition and how balanced diets contribute to good health.

The Department of Health and Human Services, on the other hand, is charged with overseeing the general health concerns of the public with regard to disease. The interrelationship of certain diseases to diet has become a major priority for the National Institutes of Health; yet, coordination between these two agencies is practically non-existent when it comes to issuing dietary advice to the public. With the exception of the jointly published Dietary Guidelines for Americans, dietary guidance from individual agencies is released in most cases without review from its originating department, and there has never been any consistent, coordinated review between HHS and USDA. The current legislation before us should correct this and several other growing problems.

We support the development of dietary guidance by the federal government, and we believe it is important that the government be consistent and scientifically correct when providing nutrition information. The proposed review process would also be important and information to all agencies concerned with the relationship between diet, nutrition and health. We believe that the joint review process that mandates government agencies to speak with one voice, Mr. Chairman, is just good government.

This legislation has been through a long process of negotiations, clarifications and strengthening, and therefore, Mr. Chairman, some of our cattlemen's early concerns about portions of this bill have been resolved through extensive negotiations and it now has our strong, unwavering support.

Mr. Chairman, I have a whole list of details and reasons for supporting other parts of this bill which I will enter for the record and perhaps will turn back the remainder of my time.

[The prepared statement of Mr. Eller follows:]

NATIONAL CATTLEMEN'S ASSOCIATION

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TESTIMONY

On Behalf of the

NATIONAL CATTLEMEN'S ASSOCIATION

Before the

HOUSE COMMITTEE ON SCIENCE
SUBCOMMITTEE ON SCIENCE, RESEARCH AND TECHNOLOGY

Regarding

"The Nutrition Monitoring and Related Research Act of 1988"

Submitted by:

J. Burton Eller, Jr.
Vice President, Government Affairs
National Cattlemen's Association

The National Cattlemen's Association is the national spokesman for all segments of the beef cattle industry--including cattle breeders, producers and feeders. The NCA represents approximately 230,000 cattlemen. Membership includes individual members as well as 49 affiliated state cattle associations and 23 national breed associations.

BACKGROUND AND SUMMARY

Mr Chairman, a long and impressive list of agricultural groups support the passage of The National Nutrition Monitoring and Related Research Act of 1988. I wish there were time for all of them to testify today. I would be happy to submit this list for the record.

U.S. agriculture has long provided Americans with the most wholesome, safest and inexpensive food supply in the world. We believe of food is a positive element of diet and health. A well-balanced, optimal plane of nutrition is a major goal for most societies.

Mr. Chairman, the federal government regularly issues information and advice that can have profound effects on the consumers, farmers and ranchers, and the business world.

As cattlemen, we have been appalled at the lack of cooperation and coordination within and between federal agencies regarding the whole nutrition/diet/health arena. And, over the years, Congress has added to the confusion with a mish-mash of authorizing legislation which many times failed to clearly define the missions and responsibilities between DHHS and USDA and other agencies.

USDA has been charged with developing a human nutrition research program at its five human nutrition research centers and other facilities. In addition, USDA maintains the data bank on the nutrient composition of foods. They're also charged with disseminating nutritional information to the public. USDA is clearly responsible for advising us about good nutrition, and how balanced diets contribute to good health.

DHHS is charged with overseeing the general health concerns of the public with regard to disease. The inter-relationship of certain diseases to diet has become a major priority for DHHS and NIH.

Yet, coordination,between these two agencies is non-existent when it comes to issuing dietary advice to the public. With the exception of the jointly published "Dietary Guidelines for Americans," dietary guidance from individual agencies is released in most cases, without review from the its originating department and there has never been any coordinated review between USDA and DHHS. This legislation should correct this and several other growing problems.

This legislation has been through a long process of negotiations, clarifications and strengthening. And therefore, Mr. Chairman, some of our early concerns about portions of this bill have been resolved through extensive negotiations and it now has our strong, unwavering support.

TESTIMONY

Mr. Chairman, let me assure you that agricultural interests support the development and dissemination of sound nutritional advice to the American public. We support legislation which would create a comprehensive and coordinated national nutrition monitoring system.

But, nutrition monitoring is only part of the scope of this legislation. Not only should the U.S. Department of Agriculture and the Department of Health and Human Services coordinate their nutrition monitoring activities, they should coordinate their dietary guidance activities as well.

Title III of S. 1081 requires the federal government to speak with "one voice" when issuing dietary guidance. We support the development of dietary guidance by the federal government, and we believe it is important that the government be consistent and scientifically correct when providing nutrition information. To achieve this goal, the provision for sound review of any proposed dietary guidance should assure that such guidance will be consistent and based on the best scientific evidence available.

The proposed review process would also be important and informative to all agencies concerned with the relationship between diet, nutrition and health. We believe that a joint review process that encourages government to "speak with one voice" is good government.

Title III also requires the Secretaries of Agriculture and Health and Human Services to publish dietary guidelines every five years and to promote those guidelines. The Dietary Guidelines for Americans are of extreme importance as they are used by the government when carrying out federal food, nutrition and health programs. Therefore, being based on the latest food and consumption surveys, a nationally coordinated nutrition monitoring system is of paramount importance.

A second reason for supporting the National Nutrition Monitoring and Related Research Act of 1987 is our opinion that the United States needs the National Nutrition Monitoring System. Such a system is vital to our understanding of the nutritional health of our nation. We need to know how we use food in this country, how our food uses and choices are changing, and the general nutritional status of the American people. Good food choices are important to our nation's health. Surely those concerned about our nation's health, such as you who are policy-makers in the Congress, need to have accurate and timely information on which to base that policy.

A third reason we support this Act is that we believe programs now carried out by the federal government, if coordinated, could provide much more useful information than they do now. The components of a national system already exist, but they need to be coordinated to achieve the goal of a National Nutrition Monitoring System. Chief among these components are the National Health and Nutrition Examination Survey (NHANES) conducted by the Department of Health and Human Services (DHHS) and the Nationwide Food Consumption Survey (NFCS) conducted by the U.S. Department of Agriculture (USDA).

Several other components exist among the programs of these two departments and to a lesser extent within several other agencies of the federal government. A recent report from the National Academy of Sciences recommended ways in which coordination might improve the value of these programs. Similarly, the Joint Nutrition Monitoring Evaluation Committee, reporting to DHHS and USDA, recommended ways to improve information about the nutritional status of our population through coordination of existing government programs. These recommendations need to be implemented.

A fourth reason for supporting S. 1081 is that it assigns responsibility for the National Coordination of Nutrition Monitoring to a specific interagency board. Although those responsible for the surveys mentioned above have expressed a desire to coordinate their programs, and although they have presented plans to the Congress for accomplishing this coordination, we do not know when we will see results of planned coordination. We believe this is due, in part, to the fact that no person or group has the bottom-line responsibility for coordination. There are many natural obstacles to such coordination among departments. Someone has to assume the responsibility for overcoming these obstacles. We have ceased to believe that coordination will come about simply because the agencies involved profess their desire for that coordination.

A fifth reason for supporting S. 1081 is that it requires periodic evaluation of information gathered through nutrition monitoring. Policy makers often do not have the time or the expertise to examine the information that comes from nutrition monitoring and to evaluate what it says about the nutritional status of the American people. Experts not directly involved with the implementation of these federal programs, such as Congress, may also be required to carry out this examination and evaluation.

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Other important features of the National Nutrition Monitoring and Related Research Act of 1987 include coordination with the states, the establishment of an advisory council, and research to improve our ability to monitor the nutritional status of a population. Several states are now carrying out their own nutrition monitoring programs, or at least their own nutrition surveys. A federal-state partnership in these efforts would benefit both the states and federal government. At the very least the federal programs might help to identify the most reliable methods for nutrition monitoring. It would be desirable to have coordination that permitted comparison between state and federal monitoring programs. Our ability to monitor the nutritional status of a population is currently limited by lack of inexpensive, reliable and effective methods to accurately assess what people eat. There is a serious and pressing need for research to improve our current methods and to develop new and better ones.

For these reasons, Mr. Chairman, we strongly support the passage of the National Nutrition Monitoring and Related Research Act of 1988 and urge Congress to pass this legislation that has been three years in the making before adjournment.

The American Academy of Pediatrics

The American Association of Retired Person
The American Baptist Churches USA

The American College of Preventive Medicine
The American Dietetic Association
The American Farm Bureau Federation
The American Heart Association
The American Home Economics Association
The American Institute of Nutrition
The American Meat Institute
The American Medical Students Association
The American Nurses Association
The American Public Health Association
The American School Food Service Association
The American Society for Clinical Nutrition

The Association of State and Territorial Health Officers
The Association of Schools of Public Health
The Association of Teachers of Preventive Medicine
Bread for the World

Center on Budget and Policy Priorities

Coalition on Block Grants and Human Needs
Food Research and Action Center

Lutheran Office for Government Affairs
Mennonite Central Committee
National Association for WIC Directors
National Broiler Council
National Cattlemen's Association
National Consumers League
National Council of La Raza
National Farmer's Union
National Grange
National Milk Producers Federation
National Osteoporosis Foundation
National PTA
National Perinatal Association
National Pork Producers Council
National Student Campaign Against Hunger
Public Voice for Food and Health Policy
Service Employees International Union
United Egg Producers

United Fresh Fruit and Vegetable Association
United States Conference of Local Health Officers
World Hunger Education Service
World Hunger Year

Mr. WALGREN. Thank you very much, and we'll make that submission part of the record and appreciate it, and turn to Ms. Crane.

STATEMENT OF MARY R. CRANE, LEGISLATIVE/REGULATORY REPRESENTATIVE, AMERICAN HEART ASSOCIATION

Ms. CRANE. Mr. Chairman, good afternoon, my name is Mary Crane, I am a Legislative Representative for the American Heart Association. Scott Ballin was called away in an emergency meeting and I appreciate your accepting me in his absence. I wish to make clear that my comments regarding S. 1081, the National Nutrition Monitoring and Related Research Act of 1988 reflect the position of the American Heart Association. These comments are consistent, however, with the position of a number of other major public health organizations including the American Dietetic Association, the American Institute of Nutrition, the American Society for Clinical Nutrition and others.

I am sure each of these organizations would have liked to testify at these hearings, but as you are aware, time constraints have not permitted that. Nonetheless, I would like to submit for the record testimony provided by these organizations on S. 1081 before the Senate Committee on Governmental Affairs earlier this year. (See appendix)

I would also like to submit for the record a listing of the 45 organizations that have endorsed enactment of this legislation. (See appendix) I would like to note the support this legislation has received not only from the public health community but also from the agricultural commodity community. I have to believe that whenever the National Cattlemen's Association, the United Egg Producers and the American Heart Association as well as other health groups can all agree on one piece of legislation, then we must be doing something right.

I really do not think it is necessary for me to explain to this subcommittee the importance of this legislation. You, more than any other legislative body, have carefully reviewed throughout the past decade the failed efforts of our federal government to establish a national nutrition monitoring system. You, more than anyone, are familiar with the failure of government agencies to coordinate their national surveys of the nutritional status of the American people and the nutritional quality of the American food supply. And you, more than anyone, are familiar with the failure of our government to conduct nationwide nutrition surveys on a regular basis.

I would like to note, however, that you are not alone in your knowledge. The Surgeon General is also aware of the shortcomings in our federal government's current nutrition monitoring efforts. In the recently issued report, Nutrition and Health, the Surgeon General calls for, and I quote, "the establishment of a nutrition surveillance system that will enhance the monitoring of population-specific and state-specific trends in the occurrence of nutrition-related risk factors and conditions."

Briefly, I would like to explain to you the reason public health organizations like the American Heart Association support enactment of S. 1081. As you are probably aware, the American Heart

Association and others regularly develop and issue dietary guidelines. The American Heart Association's guidelines are focused on the prevention of cardiovascular disease. We have based our guidelines on a large body of scientific evidence that has linked the content of the habitual diet to several risk factors for heart disease and stroke. It is our need to have the best and most current data available that give rise to our support for S. 1081.

Enactment of S. 1081 will assist the American Heart Association in fulfilling its mission of reducing the incidence of death and disability related to cardiovascular disease. Our efforts to provide specific population groups with specific educational messages will be greatly enhanced via the National Nutrition Monitoring and Related Research Act which will provide this type of information.

The American Heart Association views as very important those sections of the Act that will provide dietary and nutritional information on specific population groups such as pre-school and school-aged children, pregnant and lactating women, elderly individuals, low-income populations, Blacks, Hispanics, immigrants, et cetera. This kind of information is long overdue and greatly needed.

Finally, the monitoring process will enhance nutrition research and education efforts.

Mr. Chairman, if you will please indulge me in just one additional thought. The bill that now appears before this subcommittee is the result of a long series of negotiations. I think you as well as I know that this bill would not have gotten to this stage without careful review and consideration of the concerns expressed by a wide variety of interested parties including the federal agencies.

Two congresses ago, similar legislation was narrowly defeated in the House. In the 99th Congress, the House of Representatives overwhelmingly passed similar legislation only to see it languish in the Senate. This year, the Senate has called for the establishment of a National Nutrition Monitoring System; I urge you to make this a reality by favorably reporting the proposed amendment in the nature of a substitute to S. 1081. Thank you.

[The prepared statement of Scott Ballin by Mary Crane follows:]

THE NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1988

Statement of the

AMERICAN HEART ASSOCIATION

before the

House Committee on Science
Subcommittee on Science, Research and Technology

September 30, 1988

Mr. Chairman. Good morning. My name is Scott Ballin. I am the Vice President for Public Affairs and Legislative Counsel for the American Heart Association.

I wish to make clear that my comments regarding S.1081, the National Nutrition Monitoring and Related Research Act of 1988, reflect the position of the American Heart Association. These comments are consistent, however, with the position of a number of other major public health organizations including the American Dietetic Association, the American Institute of Nutrition, the American Society for Clinical Nutrition, and others.

I am sure each of these organizations would have liked to testify at these hearings, but as you are aware, time constraints have not permitted that. Nonetheless, I would like to submit for the record testimony provided by these organizations on S.1081 before the Senate Committee on Governmental Affairs earlier this year.

I would also like to submit for the record a listing of the 45 organizations that have endorsed enactment of this legislation. I would like to note the support this legislation has received from not only the public health community but also from the agricultural/commodity community. I have to believe that when the National Cattlemen's Association, the United Egg Producers,

and the American Heart Association, as well as other public health groups, can all agree on legislation, we must be doing something right.

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I would like to note, however, that you are not alone. The Surgeon General is also aware of the shortcomings in our Federal government's current nutrition monitoring efforts. In the recently issued report, Nutrition and Health, the Surgeon General calls for, "The establishment of a nutrition surveillance system that will enhance the monitoring of population-specific and State-specific trends in the occurrence of nutrition-related risk factors and conditions."

Briefly, I would like to explain to you the reason public health organizations, like the American Heart Association, support enactment of S.1081.

As you are probably aware, the American Heart Association and others regularly develop and issue dietary guidelines. Our guidelines are focused on the prevention of cardiovascular disease. We have based our guidelines on a large body of scientific evidence that has linked the content of the habitual diet to several major risk factors for heart and stroke. It is our need to have the best and most current data available that gives rise to our support for S.1081.

Enactment of S.1081 will assist the American Heart Association in fulfilling its mission of reducing the incidence of death and disability related to cardiovascular disease. Our efforts to provide specific population groups with specific educational messages will be greatly enhanced via the National Nutrition Monitoring and Related Research Act, which will provide this type of information.

The American Heart Association views as very important those sections of the Act that will provide dietary and nutritional information on special population groups, such as preschool and

school age children, pregnant and lactating women, elderly individuals, low income populations, Blacks, Hispanics, immigrants, etc. This kind of information is long overdue and greatly needed. Finally, the monitoring process will enhance nutrition research and education efforts.

Mr. Chairman. If you will please indulge me with just one additional thought. The bill that now appears before this Subcommittee is the result of a long series of negotiations. I think you as well as I know that this bill would not have gotten to this stage without careful review and consideration of the concerns expressed by a wide variety of interested parties, including the federal agencies.

Two Congresses ago, similar legislation was narrowly defeated in the House. In the 99th Congress, the House of Representatives overwhelmingly passed similar legislation only to see it languish in the Senate. This year the Senate has called for the establishment of a national nutrition monitoring system. I urge you to make this a reality by favorably reporting the proposed amendment in the nature of a substitute to S.1081.

Thank you.

Mr. WALGREN. Thank you very much, and all of you, for such direct statements. And as you say, Ms. Crane, this committee has had an introduction to the needs for this over several years and you have expressed that very nicely.

I gather all of you are dissatisfied with the progress made over the last eight years since the Joint Implementation Plan for Nutrition was submitted in 1981. Can you respond to the idea that well, look, we're doing everything that needs to be done; and in particular, supposedly they're doing everything that this legislation would bring about. Can you give me any instinctive response to that thought expressed by the Department of Agriculture this morning?

Mr. GORDON. Mr. Chairman, I would just repeat that our nutrition people throughout the country have advised me that we really don't have timely, accurate, reliable data on which to make decisions about the direction of our nutrition efforts and the direction of our nutrition dollars, and to point out the need for requiring the coordination which is difficult to do from one agency to another.

Up to my last day on the job in state government, for example, I found the difficulty in coordinating with some other department, be it Department of Education or Human Services or whatever, on something unless it was ordered by some sort of a legislative mandate; otherwise, it's left to the individual departments. That may or may not work. It works better at some times than others.

Ms. CRANE. Mr. Chairman, if I could respond to a whole plethora of remarks that I heard in the earlier panel, it strikes me that what the Department of Agriculture told you were two things. One, that they're already doing nutrition monitoring, and second of all, that if this bill were to be enacted that a whole new layer of bureaucracy would be added. I would suggest to you that they can't have it both ways. If they're already doing everything that this bill is going to require, then there is going to be no additional layer of bureaucracy that they can't already handle.

I would, more specifically in addressing your question as to whether they're doing monitoring, suggest that you look at the historical record and find exactly what nationwide surveys have been accomplished over the past decade. If you look back over the record and you're looking at nationwide surveys that survey the entire population, not just specific sub-populations, you'll find that right now we are relying on USDA data that was collected between 1977 and 1978—yes, 10 year old data—and data from Health and Human Services that was collected between 1976 and 1980.

I think all of us in this room would agree that our personal dietary habits have changed dramatically over the past 10 years. But right now, organizations like the American Heart Association don't have current data in which we can base our recommendations.

Mr. ELLER. Mr. Chairman, I might cover one point that I think needs to be clarified and that is that there is a difference between quality and quantity of review between the two departments. The difference between sending a document over and saying we're going to publish it on Tuesday and look over it if you want is totally different than what we have in this bill that requires active, not passive review. And we think that's very important.

If both groups reviewing this information agree, it can go directly into rulemaking. If there is not agreement, and there will not be

agreement, let's say, between agencies from time to time, it gets elevated all the way to the secretary for review. If it cannot be resolved at that point, it goes back down for another review. If they still can't, then it's published for comment.

But the intent of this bill is to speed up and streamline government rather than bureaucratize or slow down government because if there's agreement, if it is correct, if it is coordinated, if it's consistent and if it's scientifically correct it can be published immediately by agreement of both departments.

So I'd like to address the confusion of apparently the Department of Health and Human Services that if there is agreement along the process, you never have to publish for comment; it can go directly for rulemaking and you can put it into place immediately.

And we have been concerned about the budget, both in the review and the monitoring. We've looked at it very carefully and I tend to agree with Ms. Crane that we're not talking about a new budget, we're not talking about a new program; we're talking about perhaps folding an old program into a new program and adding a little spit and polish, and if it goes beyond that I guess we have to come back to this committee and take an oversight look.

Ms. CRANE. Mr. Chairman, now that Mr. Eller has mentioned the budget, if I could just add one additional comment. In the concerns that they expressed this morning earlier, USDA remarked that the only additional expenditure of fund that they really see coming out of this bill are the funds to establish an advisory committee, which they agreed would only amount to $100,000.

Mr. WALGREN. And it's my understanding that they have had an advisory committee in this area in years past and obviously those funds were developed under previous budgets and currently are there someplace.

Mr. ELLER. Yes. Certainly they made clear that Title III would not require any additional expenditures of funds. Title I calls for the establishment of an interagency committee which they noted is already in existence, so that would not require an additional expenditure of funds. They're looking at one new advisory committee which they said at the maximum would cost $100,000.

Mr. WALGREN. Have any of you had experience with the degree of responsiveness or input that your organizations have had as they have developed these various plans over the years? In 1981 we had the Joint Implementation Plan, in '87 we had the Operational Plan, in '86 we had the Human Nutrition Research Five-Year Plan. Did your organizations have specific involvement in being able to advise on those plans and have a voice in their development?

Ms. CRANE. To the best of my knowledge, I don't believe the American Heart Association had any input, and I don't believe the commodity groups have either. You know, they complained a lot about an advisory committee this morning, and I have a feeling a lot of us don't like the idea of having somebody look over our shoulder at what we're doing on a regular basis.

But look at something that this subcommittee and this committee has been directly involved in over the past two years—the space launching two years ago which ended in complete disaster. I am quite certain that NASA probably didn't like the idea that a Rogers Commission was set up and was going to be reviewing the

entire approval process over at NASA. However, I think every single person in this room feels better that the Rogers Commission was there and feels quite certain that that space launch yesterday was more successful as a result of the commission.

Mr. WALGREN. Good point. The gentleman from New Mexico.

Mr. LUJAN. Thank you. That's a very good analogy, as a matter of fact, because I really do believe that and I think if it hadn't been for the Rogers Commission maybe we would have attempted it a little earlier than two and a half years. But certainly that had a big influence in that we were successful yesterday.

In reading over the new bill it doesn't say, at least to me, that we're to do anymore things or any new things in nutrition monitoring, only that we have this committee that's going to overlook and coordinate between Health and Human Services and the Department of Agriculture. And to my way of thinking, and maybe I'm wrong, that it would create even more delay. We have now concerns expressed that you have to send it up to the Office of Management and Budget and there's all kinds of delays and all of these things. And as I look at this, it seems to me we're building more delay and that we'll never get anything published because their missions, the two departments, apparently—at least the Cattlemen think that their missions are different. That's why they want Department of Agriculture to be looking over the shoulder of Health and Human Services. Maybe I'm really not characterizing it correctly but that's the gist of it anyway.

Aren't we adding just more delay to this whole thing?

Ms. CRANE. I'll let Mr. Eller talk about the Cattlemen's Association. As much warm regard and respect as I have for the people that I've worked with over there. In terms of Title I and Title II, I would agree with you that Titles I and II do no more than what this committee has been asking them to do over the past 10 years, since you first asked them to produce an implementation plan. The problem is that everything that the two agencies have produced to this point, whether it's the Implementation Plan or the Operational Plan are, in essence, their wish lists; this is what they hope they'll be able to accomplish, this is what they want to do.

But if you look at those plans you see no specifics as to they will do exactly this, and this is when it will be completed and this is how they're going to finance it. In fact, if you look at the latest plan they came out with in 1987, there are absolutely no budget numbers whatsoever, which makes me kind of wonder how serious they really are about making any of that operational—

Mr. LUJAN. There's no money in this bill.

Ms. CRANE. Let me get back to the specifics of your question. In terms of Title I and Title II, it in essence asks the two federal agencies to do what you've been telling them to do all along, but for the first time you will put it down in legislation. You will for the first time have real legislative oversight responsibility.

In terms of the funding, for the first time in the history of nutrition monitoring you will have a way of finding out exactly whether we're getting any bang for our buck. Right now the agencies are telling you that they're spending money on nutrition monitoring but they can't tell you the exact amounts that they're spending on a yearly basis. Once they're required to put that through the provi-

sion which requires a line item, you will finally be able to go back and say, by golly, are we getting anything for the amount of money that we're giving the two agencies. You don't have that ability right now.

Mr. LUJAN. Then, what you're saying is we can ask the coordinating council then instead of the two agencies, if we're getting bang for our buck.

Ms. CRANE. You can ask them right now and I don't think they're going to give you a real good answer.

Mr. LUJAN. Do you think the coordinating council will give us a better answer?

Ms. CRANE. I think by requiring first of all that the agencies are required to put down specific amounts that they are requesting in a line item you'll have a better overview and review ability.

Mr. LUJAN. But we're not even doing that here because we don't have any money. You know, you say it's going to cost us $100,000. Some will tell you that just the activities of the coordinating council and the executive director and all of that and the other things that the coordinating council has to do, without even the 10-year plan yet, just getting ready for it, having the council and all of that, is going to cost us $500,000, $600,000.

Ms. CRANE. And the legislation will require each one of the secretaries, in budget submittals that they make to Congress, to finally tell you exactly how much money they are spending on nutrition monitoring. That is not required now; you do not get that information now when you're trying to determine whether or not USDA and HHS need more money.

Mr. LUJAN. You mean we can't find that out now on oversight—

Ms. CRANE. They're not required to provide it through any legislation at this point.

Mr. LUJAN. Well, we certainly can require it. My understanding, we have an oversight and investigation subcommittee in every committee of the House, and you can bring them in and say how much are you spending on this program. But maybe it's our fault; maybe we haven't asked.

Ms. CRANE. Well, I think you certainly have asked. You know, what I've read over the records of the hearings that this committee has held over the past three congresses—

Mr. LUJAN. And they've refused to tell us?

Ms. CRANE. I don't think they've provided you real good substantive information.

Mr. LUJAN. Agencies seldom do.

Ms. CRANE. I can assure you lobbyists always do.

Mr. LUJAN. Okay. Are there going to be some new things, or are we going to just do the same thing and just coordinate it? What do you see us doing in the next—other than saying we're going to have this marvelous 10-year program and this is what we're going to do, but that's two or three years down the line. But supposing this passes tomorrow, what are we going to do—

Ms. CRANE. I hope that you're working at that.

Mr. LUJAN. What are we going to do the first of the year? What are we going to get new and better than we do now, just by passing this bill?

Ms. CRANE. You'll have the establishment of an interagency council which will, first of all, come up with a plan—

Mr. LUJAN. Which we need more councils in government, more groups, whatever.

Ms. CRANE. You'll come up with the establishment of an interagency council which will provide that they are going to set up a nutrition monitoring system along the guidelines that Congress has established rather than along the guidelines that the agencies have established in and of themselves.

You will also get for the first time a statement from the two agencies as to how much money they are planning to spend on nutrition monitoring. You will be looking toward the establishment of an advisory council and you will have a new means of approving dietary guidance throughout the federal government.

Mr. LUJAN. Could we get that now if we asked them? Could we get that now from the Department of Agriculture if we said, how much money are you spending? Do you think—and how much money are you going to spend. And we know part of the answer is going to be, we're spending so much now and what we plan on spending is more. Now, can't we get what you just told me without establishing this extra—

Ms. CRANE. If that were the case, Mr. Lujan, I don't think any of us would be here today. I don't think anyone on this panel or certainly anyone on the previous panel especially wants to continue to debate the merits of nutrition monitoring legislation. I believe all of us believe that this should have been occurring a long time ago.

I also believe that if you take it by analogy again, that we all ought to be able to, when we're driving, come to a four-way intersection and immediately believe that whoever got there first is the first one that proceeds on, and not have to worry about stop lights and stop signs. That's not reality; it doesn't happen in the real world.

That's the reason we all have to have laws saying you have to do this or you can't do this. I think that's the reason you need nutrition monitoring legislation. For over 10 years this Congress has looked at the agencies and said we want you to do this, we believe you can do it, and they keep failing you. I think that's the reason that you continue to have the need for legislation.

Mr. LUJAN. Well, that's not completely true. There have been improvements in data collection. But be that as it may, we're concerned, at least I am, with what we get for our money because we have all kinds of decisions—what kind of priorities do we have. Today we will have the Welfare Reform Conference Report, $2.8 billion. Would you say that that one, in terms of how we allocate our money, is less meritorious or more meritorious than this—

Ms. CRANE. Mr. Lujan, I'm sorry, I have no knowledge of that conference report at all. I guess I need to turn the question around and ask whether you've gotten enough data over the past 10 years regarding what the agencies are doing and how much money they are spending on those activities to make those decisions.

Mr. LUJAN. Well, we get certain information. You know, I don't want to really prolong this thing. But let me move on to the Cattlemen's Association.

What do you think of Titles I and II, because it was only after Title III was introduced that the egg producers and the cattlemen came into the picture on this.

Mr. ELLER. Mr. Lujan, I'll take the hard one first. Title II, I wish we could do without, I'll be frank with you. I'm not sure whether it's better government to do without it and try to make it happen, or have it and be afraid it won't happen. Like I say, we've resolved a lot through negotiation, and Title II, was created by the committee to look like a cow.

Title I probably will solve a lot more problems than we've been able to solve so far. We were very slow to enter into Title I and to believe in Title I, but the last five years to 10 years has taught the food industry a lot of lessons. A case in point is the Department of Agriculture's Handbook No. 8 on nutritional information. They do a good job in collecting data; it's credible when it gets out; they did a good job getting it out once we all decided that it needed to get out, and perhaps I guess the analogy would be the squeaky wheel got the grease. The Handbook No. 8 should have been out years before.

One of the reasons we so adamantly support this bill is because the National Institutes of Health, until just a very few years ago, were using 40 and 50-year old data on beef. Not knowing what a side of beef or a steak really looks like, I suppose they were analyzing a complete hanging carcass, totally untrimmed, all the fat, all the bone, all the meat and assuming, when we say we eat 100 pounds of meat, that that's what we eat.

Well no wonder dietary advice has been less than correct, and there's no wonder that my members are less than furious.

I can't stress enough that I guess our industry, as most other food industries, are not afraid of the facts if we use the facts and use them in the proper perspective. And therefore Title I we have to believe can help correct some of these problems.

Mr. LUJAN. The difference between Title I and Title II is that within Title I you force them to coordinate with each other at a higher level.

Mr. ELLER. Title III.

Ms. CRANE. No, you're correct, Title I sets up the interagency board and sets up the parameters—

Mr. ELLER. Oh, I'm sorry.

Mr. LUJAN. The board, okay. But that's what I mean, within the agencies themselves. And Title II you create this advisory council that—

Mr. ELLER. Whole small advisory council.

Mr. LUJAN. Oh, whole small advisory council, okay. So apparently, unless I was mistaken in what you were saying, you think that doing it interagency is better than bringing out a whole new group from the outside.

Mr. ELLER. No, I'm saying I know that it needs to be done interagency and intraagency, both. The group from the outside, we have not had that experience. I guess I'm saying that we have less opinion on bringing the large outside group in that we do any other title of the bill or any other section of the bill.

A horror story brought us also around where we found—and I'll just say a few years ago—a case that's been very well documented.

A graduate dissertation became a supermarket health advisory piece and it had absolutely zero peer review, zero scientific review or zero policy review from any agency within HHS, any subpart of the National Institutes of Health and the Department of Agriculture didn't even know it was being printed. We use that as a case in point and that is one of the few horror stories. But it became an issue that was about to explode and there was not even a way to oversight it within the Department of Health and Human Services. It finally got stopped but it had to be stopped politically and not scientifically, and that's not the way we like it.

Mr. LUJAN. Larry, maybe you can tell us where—incidentally, welcome. Larry has been one of our outstanding health persons in the state of New Mexico for many years from the city, state and all kinds of different positions that he's held, and we're happy to have you here, Larry.

In following through on the how much bang for our buck we get, what do you think, other than the coordination—and we all understand what that is—but in data gathering, how do you think the state of New Mexico or any other state will be better off. What new things will this bring to the table in allowing or enabling the states to do a better job of monitoring, just by this legislation?

Mr. GORDON. I think this would lead to us having reliable, specific data about population groups, vulnerable groups and having it timely and accurate. We really don't have that now.

Again, Congressman Lujan, I might compare it, since we've both been involved in it, to the fields of air and water pollution where it wasn't too many years ago that people in New Mexico said, we don't have an air pollution problem. The federal government came along and mandated monitoring, first started doing monitoring itself and then mandated states to do it. And over a period of years, states are doing that, putting lots of money into it and doing a good job. And you could say that in all sorts of fields. But until the problems are really defined, quantified and understood at the level where you're going to be trying to solve the problems, I think you're designing a program without understanding the problem.

Mr. LUJAN. Thank you, Mr. Chairman.

Mr. WALGREN. Thank you, Mr. Lujan. The Congresswoman from Maryland.

Mrs. MORELLA. Thank you, Mr. Chairman, I appreciate the opportunity to come in at the end and comment to our panelists. I'm curious, I'm fascinated by Title III. What differences do you expect in the government's involvement with Dietary Guidelines for all Americans as a result of Title III?

Ms. CRANE. I am going to break down Title III and I apologize, I certainly don't mean to insult your intelligence, but a number of people get confused regularly between dietary guidance and Dietary Guidelines for Americans. Dietary Guidelines for Americans is a publication issued jointly by USDA and HHS. What this legislation does in terms of dietary guidelines is require that the two agencies review those guidelines at least every five years and reissue them as necessary. But at least they will have to be reviewed every five years.

In terms of the issue of dietary guidance, and I presume that's what you were really interested in, I will speak just momentarily

for the Cattlemen's Association and ask Mr. Eller to please interject at any moment and tell you how Title III came about. Apparently, several years ago, and it was long before I was with the American Heart Association, the National Cancer Institute was about to release a document which recommended, I believe, that individuals reduce their consumption of beef based on data that was completely inaccurate. Completely inaccurate. It was only by very good fortune that people in the Cattlemen's Association were made aware of this and the document was not issued. But for that, the document would have been issued and a whole group of Americans would have received very inaccurate data.

What Title III now does is it says that before any dietary guidance can be issued by a federal agency, they're supposed to send that guidance to both the Secretary of HHS and the Secretary of USDA. It was done for that reason, based on a feeling that the people over at HHS probably have supreme knowledge in terms of biomedical research, the people over at USDA, beyond doubt, have supreme knowledge in terms of dietary composition of foods.

If both of those secretaries agree that that guidance is consistent with the document, Dietary Guidelines for Americans, the guidance can be issued immediately. If either one of the secretaries has some sort of disagreement believing that it's not consistent, it goes through a Federal Register review and comment period.

It was our feeling, and I think the feeling of the cattlemen and the other 45 organizations that support this legislation, that through that review and comment period we would have the opportunity for people on the outside who might be experts in one area or another to review that dietary guidance and get our scientific evidence and knowledge in. It is our hope that by doing that, we will assure that when a dietary guidance is finally issued by the federal government it will indeed be based on the most sound and balanced scientific and medical evidence.

Ms. MORELLA. So from the dietary guidance, ultimately emanate the guidelines after it's gone through that procedure that you mentioned.

Ms. CRANE. In my personal opinion, the Dietary Guidelines for Americans as developed by USDA and HHS are very broad, very non-specific descriptions of how people should eat. They say things like reduce your consumption of fat.

Ms. MORELLA. I have another concern and then I'll let you all answer it, and that is dealing with older Americans. I've always felt that they were forgotten after they were age 65, and if we're talking about the guidance, is there any possibility that through this bill there would be any delineation of specific nutritional requirements for people, let's say, 75 and over? I mean, you mentioned NIH and last year when they celebrated their 100th anniversary they brought centenarians here, and I used to think that was part of the Roman Army. But more and more there are people who are 100 years of age and all, and have we not forgotten them when it comes to the dietary guidance?

Ms. CRANE. I would certainly say that at least in terms of what the agencies have done thus far in monitoring senior citizens, to the best of my knowledge there have been no national surveys

done of elderly individuals. But I need to emphasize that is to the best of my knowledge and I may indeed be incorrect.

Mr. ELLER. But they would certainly be included as a population to be surveyed under this legislation, as would the very young. We're finding—my training is as a physiologist and it's interesting that what we knew about animals 20 years ago we're learning about humans today, and for the young to develop, our plan of nutrition is totally different. An eight-year old needs a lot different basic nutrient composition than does an 80-year old, or even a 28-year old. And I think it's exciting that we can further break down and design some recommendations for those different populations.

Mr. LUJAN. Well, we learn from TV because we all know there's puppy chow and—

[Laughter.]

Ms. MORELLA. We probably do more with dietary guidance for animals, quite frankly, at this point.

With the enactment of Title III, are there any previously issued guidance that would not be able to come out if Title III were—if this whole bill were enacted?

Ms. CRANE. To the best of my knowledge there's no dietary guidance that would not be able to come out. Now, it's indeed possible that the coming-out process may be slowed somewhat, but quite frankly, I would rather wait two or three months to get a dietary guidance and be assured of its validity than to have dietary guidances coming out every day and wondering the day afterwards whether that information is valid and true.

Ms. MORELLA. Where is the opposition coming from? Was it some of the government witnesses?

Ms. CRANE. They were right behind us. They say always watch your flanks, right?

Ms. MORELLA. Exactly. Thank you, Mr. Chairman.

Mr. WALGREN. Mr. Lujan?

Mr. LUJAN. Mr. Chairman, I have a question that just occurred to me from what you said, Ms. Crane, that somebody stopped the cancer people from saying that red meat was bad for you. Well, where did it come from? I would think that most people think that you should control your intake of red meat; that it's not particularly good for you. I think that's the general thing that the Cattlemen's Association has been fighting all along; that's why they have those ads about, you know, real people eat real food and all of that.

But there is the perception around, it seems to me, that eating meat isn't the best thing in the world for you. Where did it come from?

Mr. ELLER. Part of it is perception, Mr. Lujan, and it comes from just that process. Fortunately, I have good genes, not bad genes, and my cholesterol—

Mr. LUJAN. Well, it's just for cholesterol, that's the only thing that meat is bad for you.

Mr. ELLER. My cholesterol was under 200 and I'm almost 50 years old, so I'm one of the fortunate ones, and I eat steak every day. I had to throw that in.

I'll give you a little more example. That document that was basically printed as a supermarket checkout counter pickup piece for consumers, was a doctoral dissertation and it was a contract from

the NIH. The student under a contract to the school, wrote the results. The contractor gave the results to a public relations firm which developed the brochure and had it printed and distributed. It was a lump sum contract; in other words, the National Institutes of Health packaged a ball of money, threw it at something they thought would be a good idea but they forget to package in there review and accountability.

And that's the most vivid example I can give as to how some of this gets out, because as soon as—it came under review not only from the people who did the basic underlying research at USDA on which this gentleman compared his elephants and mice, the scientists at NIH said Oh my God, this almost slipped through. And it would have been a catastrophe. But it was almost to the supermarket chain distribution.

Ms. CRANE. Mr. Lujan, in terms of personal knowledge, I'll relate a personal story. The year my husband turned 30 he decided he was getting old and went in for a complete physical checkup. He found out at that time that he had a cholesterol level of 369. Right now NIH, as you probably know, recommends that it be kept between 200 and 220. It turns out that he also has the funny genes; a grandfather that had died of a heart attack, a father who has had bypass surgery.

And it's interesting. His internist, the first thing the doctors tell a lot of heart patients, quite frankly, is stop eating red meat, stop eating eggs. Well, the more reading that I started to do I realized that we actually could still eat certain cuts of red meat and by golly, we could eat all the egg whites we really wanted.

I think the American Heart Association long ago came to that view that you don't certainly cut certain things out of your diet. And in fact, over the past several years we have been working very closely with a whole group of commodity organizations including the beef industry through our food festival program in September, in letting people know that you can indeed eat red meat and eggs.

Ms. MORELLA. If the gentleman would yield, isn't another part of the problem the fact that we're not giving our medical students enough information on nutrition?

Ms. CRANE. I will tell you personally that I think one of the real problems is that on a real regular basis you have one federal agency after another coming out with some new statement as you should do this or you shouldn't do that, and then maybe three months down the road you hear there's been a sudden change in their tone. I think the American public is confused. I think a large portion of the American public is so tired of being confused that they're giving up altogether.

I think what Title III says is that finally our federal government is going to start to speak with one voice, and it's our hope that with the federal government speaking with one voice and the joint educational efforts of groups like the Cattlemen's Association and the American Heart Association, we can restore some confidence in the American people.

Mr. ELLER. The Master's degree student in any animal science college gets more nutrition course work than any graduate physician.

Mr. LUJAN. You know, you're absolutely right that we're all confused because one day you'll hear that a certain type of food is good for you, and then three months later after you've avoided eating it they say oh my God, you should have been eating all this because that's prevents ingrown toenails or whatever.

So what I do, to be very honest with you, I just kind of be very moderate about what I eat; I eat everything, and I take my little blue pill that lowers my cholesterol level and I'm fine. Then I can eat anything I want to.

[Laughter.]

Ms. CRANE. Good for you.

Mr. LUJAN. Thank you very much, Mr. Chairman.

Mr. WALGREN. Well, on behalf of the committee I'd like to thank our witnesses for a very enjoyable and interesting discussion, and thank both Mr. Lujan and Mrs. Morella for joining us and carrying it on.

Thank you all very much.

[Whereupon, at 12:55 p.m., the committee was adjourned.]

I

APPENDIX

100TH CONGRESS
2D SESSION

S. 1081

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 7, 1988

Referred jointly to the Committees on Agriculture and Science, Space, and Technology

AN ACT

To establish a coordinated National Nutrition Monitoring and Related Research Program, and a comprehensive plan for the assessment of the nutritional and dietary status of the United States population and the nutritional quality of the United States food supply, with provision for the conduct of scientific research and development in support of such program and plan.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "National Nutrition Monitoring and Related Research Act of 1988".

PURPOSES

SEC. 2. The purposes of this Act are to—

(1) make more effective use of Federal and State expenditures for nutrition monitoring, and enhance the performance and benefits of current Federal nutrition monitoring and related research activities;

(2) establish and facilitate the timely implementation of a coordinated National Nutrition Monitoring and Related Research Program, and thereby provide a scientific basis for the maintenance and improvement of the nutritional status of the people of the United States and the nutritional quality (including, but not limited to, nutrient and non-nutritive content) of the United States food supply;

(3) establish and implement a comprehensive plan for the National Nutrition Monitoring and Related Research Program to assess, on a continuing basis, the dietary and nutritional status of the people of the United States and the trends with respect to such status, the state of the art with respect to nutrition monitoring and related research, future monitoring and related research priorities, and the relevant policy implications;

(4) establish and improve the quality of national nutritional and health status data and related data

bases and networks, and stimulate research necessary to develop uniform indicators, standards, methodologies, technologies, and procedures for nutrition monitoring;

(5) establish a central Federal focus for the coordination, management, and direction of Federal nutrition monitoring activities;

(6) establish mechanisms for addressing the nutrition monitoring needs of Federal, State, and local governments, the private sector, scientific and engineering communities, health care professionals, and the public in support of the foregoing purposes; and

(7) provide for the conduct of such scientific research and development as may be necessary or appropriate in support of such purposes.

DEFINITIONS

SEC. 3. As used in this Act—

(1) the term "nutrition monitoring and related research" means the set of activities necessary to provide timely information about the role and status of factors that bear on the contribution that nutrition makes to the health of the people of the United States, including—

(A) dietary, nutritional, and health status measurements;

(B) food consumption measurements;

(C) food composition measurements and nutrient data banks;

(D) dietary knowledge and attitude measurements; and

(E) food supply and demand determinations;

(2) the term "coordinated program" means the National Nutrition Monitoring and Related Research Program established by section 101(a);

(3) the terms "Interagency Board for Nutrition Monitoring and Related Research" and "Board" mean the Federal coordinating body established by section 101(c);

(4) the term "comprehensive plan" means the comprehensive plan prepared under section 103;

(5) the term "Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System" means the plan of that title submitted to Congress in September 1981 by the Department of Agriculture and the Department of Health and Human Services, under section 1428 of the Food and Agriculture Act of 1977 (7 U.S.C. 3178);

(6) the terms "National Nutrition Monitoring Advisory Council" and "Council" mean the advisory body established under section 201;

(7) the term "Secretaries" means the Secretary of Agriculture and the Secretary of Health and Human Services, acting jointly;

(8) the term "local government" means a local general unit of government or local educational unit; and

(9) the term "nutritional quality" means—

(A) the appropriate levels of individual nutrients in the diet;

(B) the appropriate levels between nutrients in the diet;

(C) the bio-availability of nutrients such as absorption, digestion, and utilization; and

(D) the nutritional importance of non-nutrient substances such as fiber, phytate, and such substances that are naturally found in the food supply.

TITLE I—NUTRITION MONITORING AND RELATED RESEARCH

ESTABLISHMENT OF THE COORDINATED PROGRAM

SEC. 101. (a) There is established a ten-year coordinated program, to be known as the National Nutrition Monitoring and Related Research Program, to carry out the purposes of this Act.

(b) The Secretaries shall be responsible for the implementation of the coordinated program.

(c) To assist in implementing the coordinated program, there is established an Interagency Board for Nutrition Monitoring and Related Research, of which an Assistant Secretary in the Department of Agriculture (designated by the Secretary of Agriculture) and an Assistant Secretary in the Department of Health and Human Services (designated by the Secretary of Health and Human Services) shall be joint chairpersons. The remaining membership of the Board shall consist of additional representatives of Federal agencies, as determined appropriate by the joint chairpersons of the Board. The Board shall meet no less often than once every three months for the two-year period following the date of the enactment of this Act, and when appropriate thereafter.

(d) To establish a central focus and coordinator for the coordinated program, the Secretaries may appoint an Administrator of Nutrition Monitoring and Related Research. The Administrator shall—

(1) be an individual who is eminent in the field of nutrition monitoring and related areas, and be selected on the basis of the established record of expertise and distinguished service of such individual; and

(2) administer the coordinated program with the advice and counsel of the joint chairpersons of the

Board, serve as the focal point for the coordinated program, and serve as the Executive Secretary for the National Nutrition Monitoring Advisory Council.

FUNCTIONS OF THE SECRETARIES

SEC. 102. (a) The Secretaries, with the advice of the Board, shall—

(1) establish the goals of the coordinated program and identify the activities required to meet such goals, and identify the responsible agencies with respect to the coordinated program;

(2) update the Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System, and integrate it into the coordinated program;

(3) ensure the timely implementation of the coordinated program and the comprehensive plan prepared under section 103;

(4) include in the coordinated program and the comprehensive plan a competitive grants program, in accordance with the provisions of this Act, to encourage and assist the conduct, by Federal and non-Federal entities on an appropriate matching funds basis, of research (including research described in section 103(a)(3)) that will accelerate the development of uniform and cost-effective standards and indicators for the assessment and monitoring of nutritional and dietary

status and for relating food consumption patterns to nutritional and health status;

(5) include in the coordinated program and the comprehensive plan a grants program, in accordance with the provisions of this Act, to encourage and assist State and local governments in developing the capacity to conduct monitoring and surveillance of nutritional status, food consumption, and nutrition knowledge and in using such capacity to enhance nutrition services (including activities described in sections 103(a)(5) and 103(b)(9));

(6) include in the coordinated program each fiscal year an annual interagency budget for each fiscal year of the program;

(7) foster productive interaction, with respect to nutrition monitoring and related research, among Federal efforts, State and local governments, the private sector, scientific communities, health professionals, and the public;

(8) contract with a scientific body, such as the National Academy of Sciences or the Federation of American Societies for Experimental Biology, to interpret available data analyses, and publish every two years, or more frequently if appropriate, a report, on the dietary, nutritional, and health-related status of the

people of the United States and the nutritional quality (including, but not limited to, nutrient and non-nutritive content) of the national food supply; and

(9)(A) foster cost recovery management techniques in the coordinated program; and

(B) impose appropriate charges and fees for publications of the coordinated program, including print and electronic forms of data and analysis, and use the proceeds of such charges and fees for purposes of the coordinated program (except that no such charge or fee imposed on an educational or other nonprofit organization shall exceed the actual costs incurred by the coordinated program in providing the publications involved).

(b) The Secretaries shall submit to the President for transmittal to Congress by January 15 of each alternate year, beginning with January 15 following the date of the enactment of this Act, a biennial report that shall—

(1) evaluate the progress of the coordinated program;

(2) summarize the results of such coordinated program components as are developed under section 103;

(3) evaluate the relevant policy implications of the analytical findings in the scientific report required

under section 102(a)(8), and future nutrition monitoring and related research priorities;

(4) include in full the annual reports of the Council provided for in section 202; and

(5) include an executive summary of the report most recently published by the scientific body, as provided for in subsection (a)(8).

DEVELOPMENT OF THE COMPREHENSIVE PLAN FOR THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH PROGRAM

SEC. 103. (a) The Secretaries, with the advice of the Board, shall prepare and implement a comprehensive plan for the coordinated program which shall be designed to—

(1) assess, collate data with respect to, analyze, and report, on a continuous basis, the dietary and nutritional status of the people of the United States, and the trends with respect to such status (dealing with such status and trends separately in the case of preschool and school-age children, pregnant and lactating women, elderly individuals, low income populations, blacks, Hispanics, and other groups, at the discretion of the Secretaries), the state of the art with respect to nutrition monitoring and related research, future monitoring and related research priorities, and relevant policy implications of findings with respect to such status, trends, and research;

(2) sample representative subsets of identifiable low income populations, and assess, analyze, and report, on a continuous basis, food and household expenditures, participation in food assistance programs, kinds of foods obtained through such programs, and periods experienced when nutrition benefits are not sufficient to provide an adequate diet;

(3) sponsor or conduct research necessary to develop uniform indicators, standards, methodologies, technologies, and procedures for conducting and reporting nutrition monitoring and surveillance;

(4) develop and keep updated a national dietary and nutritional status data bank, a nutrient data bank, and other data resources as required;

(5) assist State and local government agencies in developing procedures and networks for nutrition monitoring and surveillance; and

(6) focus the activities of the Federal agencies.

(b) The comprehensive plan, at a minimum, shall include components to—

(1) maintain and coordinate the National Health and Nutrition Examination Survey (NHANES) and the Nationwide Food Consumption Survey (NFCS);

(2) provide, by 1990, for the continuous collection, processing, and analysis of nutritional and dietary

status data through stratified probability samples of the people of the United States designed to permit statistically reliable estimates of high-risk groups and geopolitical or geographic areas, and to permit accelerated data analysis (including annual analysis, as appropriate);

(3) maintain and enhance other Federal nutrition monitoring efforts such as the Centers for Disease Control Nutrition Surveillance Program and the Food and Drug Administration Total Diet Study, and, to the extent possible, coordinate such efforts with the surveys described in paragraphs (1) and (2);

(4) incorporate, in survey design, military and (where appropriate) institutionalized populations;

(5) complete the analysis and interpretation of the data sets from the surveys described in paragraph (1) collected prior to 1984 within the first year of the comprehensive plan;

(6) improve the methodologies and technologies, including those suitable for use by States and localities, available for the assessment of nutritional and dietary status and trends;

(7) develop uniform standards and indicators for the assessment and monitoring of nutritional and dietary status, for relating food consumption patterns to

nutritional and health status, and for use in the evaluation of Federal food and nutrition intervention programs;

(8) establish national baseline data and procedures for nutrition monitoring;

(9) provide scientific and technical assistance, training, and consultation to State and local governments for the purpose of—

(A) obtaining dietary and nutrition status data;

(B) developing related data bases; and

(C) promoting the development of regional, State, and local data collection services to become an integral component of a national nutritional status network;

(10) establish mechanisms to identify the needs of users of nutrition monitoring data and to encourage the private sector and the academic community to participate in the development and implementation of the comprehensive plan and contribute relevant data from non-Federal sources to promote the development of a national nutritional status network;

(11) compile an inventory of Federal, State, and nongovernment activities related to nutrition monitoring and related research;

(12) focus on national nutrition monitoring needs while building on the responsibilities and expertise of the individual membership of the Board;

(13) administer the coordinated program, define program objectives, priorities, oversight, responsibilities, and resources, and define the organization and management of the Board and the Council; and

(14) provide a mechanism for periodically evaluating and refining the coordinated program and the comprehensive plan that facilitates cooperation and interaction by State and local governments, the private sector, scientific communities, and health care professionals, and that facilitates coordination with non-Federal activities.

(c) The comprehensive plan shall allocate all of the projected functions and activities under the coordinated program among the various Federal agencies and offices that will be involved, and shall contain an affirmative statement and description of the functions to be performed and activities to be undertaken by each of such agencies and offices in carrying out the coordinated program.

(d) The comprehensive plan shall—

(1) be submitted in draft form to the President for submission to Congress, and for public review, within

twelve months after the date of the enactment of this Act;

(2) be available for public comment for a period of sixty days after its submission in draft form under paragraph (1) by means of publication in the Federal Register;

(3) be submitted in final form, incorporating such needed revisions as may arise from comments received during the review period, to the President for submission to Congress within sixty days after the close of the period allowed for comments on the draft comprehensive plan under paragraph (2); and

(4) constitute the basis on which each agency participating in the coordinated program requests authorizations and appropriations for nutrition monitoring and related research during the ten-year period of the program.

(e) Nothing in this section may be construed as modifying, or as authorizing the Secretaries or the comprehensive plan to modify, any provision of an appropriation Act (or any other provision of law relating to the use of appropriated funds) that specifies—

(1) the department or agency to which funds are appropriated; or

(2) the obligations of such department or agency with respect to the use of such funds.

IMPLEMENTATION OF THE COMPREHENSIVE PLAN

SEC. 104. (a) The comprehensive plan shall be carried out during the period ending with the close of the ninth fiscal year following the fiscal year in which the comprehensive plan is submitted in its final form under section 103(d)(3), and shall be—

(1) carried out in accord with, and meet the program objectives specified in, section 103(a) and paragraphs (1) through (11) of section 103(b);

(2) managed in accord with paragraphs (12) through (14) of section 103(b);

(3) carried out, by the Federal agencies involved, in accord with the allocation of functions and activities under section 103(c); and

(4) funded by appropriations made to such agencies as described in section 106, for each fiscal year of the program.

(b) Nothing in this title may be construed to grant any new regulatory authority or to limit, expand, or otherwise modify any regulatory authority under existing law, or to establish new criteria, standards, or requirements for regulation under existing law.

SCIENTIFIC RESEARCH AND DEVELOPMENT IN SUPPORT OF THE COORDINATED PROGRAM AND COMPREHENSIVE PLAN

SEC. 105. The Secretaries shall coordinate the conduct of, and may contract with the National Science Foundation, the National Aeronautics and Space Administration, the National Oceanic and Atmospheric Administration, the National Bureau of Standards, and other suitable Federal agencies, for such scientific research and development as may be necessary or appropriate in support of the coordinated program and the comprehensive plan and in furtherance of the purposes and objectives of this Act.

AUTHORIZATIONS AND APPROPRIATIONS

SEC. 106. (a) Authorizations and appropriations for the fiscal year in which the comprehensive plan is submitted in final form under section 103(d)(3) and for the nine succeeding fiscal years, for purposes of carrying out the coordinated program and implementing the comprehensive plan, shall be requested by the Secretaries and by each of the agencies that are allocated responsibilities under the coordinated program under section 103(c), in a separate line item of the budget of the agency involved and consistent with the interagency budget for the coordinated program.

(b) Nothing in this title is intended to either—

(1) authorize the appropriation or require the expenditure of any funds in excess of the amount of funds

that would be authorized or expended for the same purposes in the absence of the coordinated program; or

(2) limit the authority of any of the participating agencies to request and receive funds for such purposes (for use in the coordinated program) under other laws.

TITLE II—NATIONAL NUTRITION MONITORING ADVISORY COUNCIL

ESTABLISHMENT OF THE COUNCIL

SEC. 201. (a)(1) The President shall establish, within ninety days after the date of the enactment of this Act, a National Nutrition Monitoring Advisory Council. The Council shall assist in carrying out the purposes of this Act, provide scientific and technical advice on the development and implementation of the coordinated program and comprehensive plan, and serve in an advisory capacity to the Secretaries.

(2) The Council shall consist of nine voting members, of whom—

(A) four members shall be appointed by the President; and

(B) five members shall be appointed by Congress of whom—

(i) one shall be appointed by the Speaker of the House of Representatives;

(ii) one shall be appointed by the minority leader of the House of Representatives;

(iii) one shall be appointed by the President pro tempore of the Senate;

(iv) one shall be appointed by the majority leader of the Senate; and

(v) one shall be appointed by the minority leader of the Senate.

(3) The Council also shall include the joint chairpersons of the Board as ex officio nonvoting members.

(b) Each person appointed to the Council shall be—

(1) eminent in the field of administrative dietetics, clinical dietetics, community nutrition research, public health nutrition, nutrition monitoring and surveillance, nutritional biochemistry, food composition and nutrient analysis, health statistics management, epidemiology, food technology, clinical medicine, public administration, health education, nutritional anthropology, food consumption patterns, food assistance programs, agriculture, or economics; and

(2) selected solely on the basis of an established record of distinguished service.

(c) The persons appointed to the Council by the President shall include—

(1) one member who is a director of a nutrition research unit that is primarily supported by Federal

funds, and who has a specialized interest in nutrition monitoring;

(2) one member who is an employee of a State government and has a specialized interest in nutrition monitoring;

(3) one member who is an employee of a local government and has a specialized interest in nutrition monitoring; and

(4) one member who is an appointed representative of the Food and Nutrition Board, National Academy of Sciences.

(d) The Council membership, at all times, shall have representatives from various geographic areas, the private sector, academia, scientific and professional societies, agriculture, minority organizations, and public interest organizations.

(e) The Chairperson of the Council shall be elected from and by the Council membership. The term of office of the Chairperson shall not exceed five years. If a vacancy occurs in the Chairpersonship, the Council shall elect a member to fill such vacancy.

(f) The term of office of each of the voting members of the Council shall be five years, except that of the four members first appointed by the President, one shall be appointed for a term of two years, two for terms of three years, and one

for a term of four years, as designated by the President at the time of appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the predecessor of such member was appointed shall be appointed for the remainder of such term. No member shall be eligible to serve continuously for more than two consecutive terms.

(g) The initial members of the Council shall be appointed or designated not later than ninety days after the date of the enactment of this Act.

(h) The Council shall meet on a regular basis at the call of the Chairperson, or on the written request of one-third of the members. A majority of the appointed members of the Council shall constitute a quorum.

(i) Appointed members of the Council may not be employed by either the Department of Agriculture or the Department of Health and Human Services and shall be allowed travel expenses as authorized by section 5703 of title 5, United States Code.

(j) The Administrator of Nutrition Monitoring and Related Research (if appointed under section 101(d)) shall serve as the Executive Secretary of the Council.

(k) The Council shall terminate on October 1, 2000.

FUNCTIONS OF THE COUNCIL

SEC. 202. The Council shall—

(1) provide scientific and technical advice on the development and implementation of all components of the coordinated program and the comprehensive plan;

(2) evaluate the scientific and technical quality of the comprehensive plan and the effectiveness of the coordinated program;

(3) recommend to the Secretaries, on an annual basis, means of enhancing the comprehensive plan and the coordinated program; and

(4) submit to the Secretaries annual reports that—

(A) shall contain the components specified in paragraphs (2) and (3); and

(B) shall be included in full in the annual reports of the Secretaries to the President for transmittal to Congress under section 102(b).

TITLE III—DIETARY GUIDANCE

ESTABLISHMENT OF DIETARY GUIDELINES

SEC. 301. (a)(1) By January 1, 1990, and at least every five years thereafter, the Secretaries shall publish a report entitled "Dietary Guidelines For Americans". Each such report shall contain nutritional and dietary information and guidelines for the general public, and shall be promoted by each Federal agency in carrying out any Federal food, nutrition, or health program.

(2) The information and guidelines contained in each report required under paragraph (1) shall be based on the preponderance of the scientific and medical knowledge which is current at the time the report is prepared.

(b)(1) Any Federal agency which proposes to issue any dietary guidance for the general population or identified population subgroups, shall submit the text of such guidance to the Secretaries sixty days before the publication of the notice of availability for comment required to be published in the Federal Register under this section.

(2)(A) During the sixty-day review period established in paragraph (1), the Secretaries shall review and approve or disapprove such guidance to assure that the guidance either is consistent with the "Dietary Guidelines for Americans" or that the guidance is based on medical or new scientific knowledge which is determined to be valid by the Secretaries. If after such sixty-day period neither Secretary notifies the proposing agency that such guidance has been disapproved, then such guidance may be issued by the agency. If both Secretaries disapprove of such guidance, it shall be returned to the agency. If either Secretary finds that such guidance is inconsistent with the "Dietary Guidelines for Americans" and so notifies the proposing agency, such agency shall follow the procedures set forth in this subsection before disseminating such proposal to the public in final form. If after

such sixty-day period, either Secretary disapproves such guidance as inconsistent with the "Dietary Guidelines for Americans" the proposing agency shall—

(i) publish a notice in the Federal Register of the availability of the full text of the proposal and the preamble of such proposal which shall explain the basis and purpose for the proposed dietary guidance;

(ii) provide in such notice for a public comment period of thirty days; and

(iii) make available for public inspection and copying during normal business hours any comment received by the agency during such comment period.

(B) After review of comments received during the comment period either Secretary may approve for dissemination by the proposing agency a final version of such dietary guidance along with an explanation of the basis and purpose for the final guidance which addresses significant and substantive comments as determined by the proposing agency.

(C) Any such final dietary guidance to be disseminated under subparagraph (B) shall be announced in a notice published in the Federal Register, before public dissemination along with an address where copies may be obtained.

(D) If after the thirty-day period for comment as provided under subparagraph (A)(ii), both Secretaries disapprove a proposed dietary guidance, the Secretaries shall notify the

Federal agency submitting such guidance of such disapproval, and such guidance may not be issued, except as provided in subparagraph (E).

(E) If a proposed dietary guidance is disapproved by both Secretaries under subparagraph (D), the Federal agency proposing such guidance may, within fifteen days after receiving notification of such disapproval under subparagraph (D), request the Secretaries to review such disapproval. Within fifteen days after receiving a request for such a review, the Secretaries shall conduct such review. If, pursuant to such review, either Secretary approves such proposed dietary guidance, such guidance may be issued by the Federal agency.

(3) For purposes of this subsection, the term "dietary guidance for the general population" does not include any rule or regulation issued by a Federal agency.

(4) For purposes of this subsection, the term "identified population subgroups" shall include, but not be limited to, groups based on factors such as age, sex, or race.

(c) This section does not place any limitations on—

(1) the conduct or support of any scientific or medical research by any Federal agency;

(2) the presentation of any scientific or medical findings or the exchange or review of scientific or medical information by any Federal agency; or

(3) the authority of the Food and Drug Administration under the provisions of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.).

Passed the Senate August 9, 1988.

Attest: WALTER J. STEWART,

Secretary.

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AMENDMENT IN THE NATURE OF A SUBSTITUTE TO S. 1081
OFFERED BY MR. ROE

Strike all after the enacting clause and insert in lieu thereof the following:

SHORT TITLE

SECTION 1. This Act may be cited as the ``National Nutrition Monitoring and Related Research Act of 1988''.

PURPOSES

SEC. 2. The purposes of this Act are to--

(1) make more effective use of Federal and State expenditures for nutrition monitoring, and enhance the performance and benefits of current Federal nutrition monitoring and related research activities;

(2) establish and facilitate the timely implementation of a coordinated National Nutrition Monitoring and Related Research Program, and thereby provide a scientific basis for the maintenance and improvement of the nutritional status of the people of the United States and the nutritional quality (including, but not limited to, nutrient and non-nutritive content) of food consumed in the United States;

(3) establish and implement a comprehensive plan for the National Nutrition Monitoring and Related Research

Program to assess, on a continuing basis, the dietary and nutritional status of the people of the United States and the trends with respect to such status, the state of the art with respect to nutrition monitoring and related research, future monitoring and related research priorities, and the relevant policy implications;

(4) establish and improve the quality of national nutritional and health status data and related data bases and networks, and stimulate research necessary to develop uniform indicators, standards, methodologies, technologies, and procedures for nutrition monitoring;

(5) establish a central Federal focus fo[illegible]e coordination, management, and direction of Federal nutrition monitoring activities;

(6) establish mechanisms for addressing the nutrition monitoring needs of Federal, State, and local governments, the private sector, scientific and engineering communities, health care professionals, and the public in support of the foregoing purposes; and

(7) provide for the conduct of such scientific research and development as may be necessary or appropriate in support of such purposes.

DEFINITIONS

SEC. 3. As used in this Act--

(1) the term ``nutrition monitoring and related

research'' means the set of activities necessary to provide timely information about the role and status of factors that bear on the contribution that nutrition makes to the health of the people of the United States, including--

(A) dietary, nutritional, and health status measurements;

(B) food consumption measurements;

(C) food composition measurements and nutrient data banks;

(D) dietary knowledge and attitude measurements; and

(E) food supply and demand determinations;

(2) the term ``coordinated program'' means the National Nutrition Monitoring and Related Research Program established by section 101(a);

(3) the terms ``Interagency Board for Nutrition Monitoring and Related Research'' and ``Board'' mean the Federal coordinating body established by section 101(c);

(4) the term ``comprehensive plan'' means the comprehensive plan prepared under section 103;

(5) the term ``Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System'' means the plan of that title submitted to Congress in September 1981 by the Department of Agriculture and the

Department of Health and Human Services, under section 1428 of the Food and Agriculture Act of 1977 (7 U.S.C. 3178);

(6) the terms ``National Nutrition Monitoring Advisory Council'' and ``Council'' mean the advisory body established under section 201;

(7) the term ``Secretaries'' means the Secretary of Agriculture and the Secretary of Health and Human Services, acting jointly;

(8) the term ``local government'' means a local general unit of government or local educational unit; and

(9) the term ``nutritional quality'' means--

(A) the appropriate levels of individual nutrients in the diet;

(B) the appropriate levels between nutrients in the diet;

(C) the bio-availability of nutrients such as absorption, digestion, and utilization; and

(D) the nutritional importance of non-nutrient substances such as fiber, phytate, and such substances that are naturally found in the food supply.

TITLE I--NUTRITION MONITORING AND RELATED RESEARCH

ESTABLISHMENT OF THE COORDINATED PROGRAM

SEC. 101. (a) There is established a ten-year coordinated

program, to be known as the National Nutrition Monitoring and Related Research Program, to carry out the purposes of this Act.

(b) The Secretaries shall be responsible for the implementation of the coordinated program.

(c) To assist in implementing the coordinated program, there is established an Interagency Board for Nutrition Monitoring and Related Research, of which an Assistant Secretary in the Department of Agriculture (designated by the Secretary of Agriculture) and an Assistant Secretary in the Department of Health and Human Services (designated by the Secretary of Health and Human Services) shall be joint chairpersons. The remaining membership of the Board shall consist of additional representatives of Federal agencies, as determined appropriate by the joint chairpersons of the Board. The Board shall meet no less often than once every three months for the two-year period following the date of the enactment of this Act, and when appropriate thereafter.

(d) To establish a central focus and coordinator for the coordinated program, the Secretaries may appoint an Administrator of Nutrition Monitoring and Related Research. The Administrator shall--

(1) be an individual who is eminent in the field of nutrition monitoring and related areas, and be selected on the basis of the established record of expertise and

distinguished service of such individual; and

(2) administer the coordinated program with the advice and counsel of the joint chairpersons of the Board, serve as the focal point for the coordinated program, and serve as the Executive Secretary for the National Nutrition Monitoring Advisory Council.

FUNCTIONS OF THE SECRETARIES

SEC. 102. (a) The Secretaries, with the advice of the Board, shall--

(1) establish the goals of the coordinated program and identify the activities required to meet such goals, and identify the responsible agencies with respect to the coordinated program;

(2) update the Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System, and integrate it into the coordinated program;

(3) ensure the timely implementation of the coordinated program and the comprehensive plan prepared under section 103;

(4) include in the coordinated program and the comprehensive plan a competitive grants program, in accordance with the provisions of this Act, to encourage and assist the conduct, by Federal and non-Federal entities on an appropriate matching funds basis, of research (including research described in section

103(a)(3)) that will accelerate the development of uniform and cost-effective standards and indicators for the assessment and monitoring of nutritional and dietary status and for relating food consumption patterns to nutritional and health status;

(5) include in the coordinated program and the comprehensive plan a grants program, in accordance with the provisions of this Act, to encourage and assist State and local governments in developing the capacity to conduct monitoring and surveillance of nutritional status, food consumption, and nutrition knowledge and in using such capacity to enhance nutrition services (including activities described in sections 103(a)(5) and 103(b)(9));

(6) include in the coordinated program each fiscal year an annual interagency budget for each fiscal year of the program;

(7) foster productive interaction, with respect to nutrition monitoring and related research, among Federal efforts, State and local governments, the private sector, scientific communities, health professionals, and the public;

(8) contract with a scientific body, such as the National Academy of Sciences or the Federation of American Societies for Experimental Biology, to interpret

available data analyses, and publish every two years, or more frequently if appropriate, a report, on the dietary, nutritional, and health-related status of the people of the United States and the nutritional quality (including, but not limited to, nutrient and non-nutrititve content) of food consumed in the United States; and

(9)(A) foster cost recovery management techniques in the coordinated program; and

(B) impose appropriate charges and fees for publications of the coordinated program, including print and electronic forms of data and analysis, and use the proceeds of such charges and fees for purposes of the coordinated program (except that no such charge or fee imposed on an educational or other nonprofit organization shall exceed the actual costs incurred by the coordinated program in providing the publications involved).

(b) The Secretaries shall submit to the President for transmittal to Congress by January 15 of each alternate year, beginning with January 15 following the date of the enactment of this Act, a biennial report that shall--

(1) evaluate the progress of the coordinated program;

(2) summarize the results of such coordinated program components as are developed under section 103;

(3) describe and evaluate any policy implications of the analytical findings in the scientific reports

required under subsection (a)(8), and future priorities for nutrition monitoring and related research;

(4) include in full the annual reports of the Council provided for in section 202; and

(5) include an executive summary of the report most recently published by the scientific body, as provided for in subsection (a)(8).

DEVELOPMENT OF THE COMPREHENSIVE PLAN FOR THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH PROGRAM

SEC. 103. (a) The Secretaries, with the advice of the Board, shall prepare and implement a comprehensive plan for the coordinated program which shall be designed to--

(1) assess, collate data with respect to, analyze, and report, on a continuous basis, the dietary and nutritional status of the people of the United States, and the trends with respect to such status (dealing with such status and trends separately in the case of preschool and school-age children, pregnant and lactating women, elderly individuals, low income populations, blacks, Hispanics, and other groups, at the discretion of the Secretaries), the state of the art with respect to nutrition monitoring and related research, future monitoring and related research priorities, and relevant policy implications of findings with respect to such status, trends, and research;

TBS1081ES

10

(2) sample representative subsets of identifiable low income populations (such as Native Americans, Hispanics, or the homeless), and assess, analyze, and report, on a continuous basis, for a representative sample of the low-income population, food and household expenditures, participation in food assistance programs, and periods experienced when nutrition benefits are not sufficient to provide an adequate diet;

(3) sponsor or conduct research necessary to develop uniform indicators, standards, methodologies, technologies, and procedures for conducting and reporting nutrition monitoring and surveillance;

(4) develop and keep updated a national dietary and nutritional status data bank, a nutrient data bank, and other data resources as required;

(5) assist State and local government agencies in developing procedures and networks for nutrition monitoring and surveillance; and

(6) focus the activities of the Federal agencies.

(b) The comprehensive plan, at a minimum, shall include components to--

(1) maintain and coordinate the National Health and Nutrition Examination Survey (NHANES) and the Nationwide Food Consumption Survey (NFCS);

(2) provide, by 1990, for the continuous collection,

processing, and analysis of nutritional and dietary status data through stratified probability samples of the people of the United States designed to permit statistically reliable estimates of high-risk groups and geopolitical or geographic areas, and to permit accelerated data analysis (including annual analysis, as appropriate);

(3) maintain and enhance other Federal nutrition monitoring efforts such as the Centers for Disease Control Nutrition Surveillance Program and the Food and Drug Administration Total Diet Study, and, to the extent possible, coordinate such efforts with the surveys described in paragraphs (1) and (2);

(4) incorporate, in survey design, military and (where appropriate) institutionalized populations;

(5) complete the analysis and interpretation of the data sets from the surveys described in paragraph (1) collected prior to 1984 within the first year of the comprehensive plan;

(6) improve the methodologies and technologies, including those suitable for use by States and localities, available for the assessment of nutritional and dietary status and trends;

(7) develop uniform standards and indicators for the assessment and monitoring of nutritional and dietary

status, for relating food consumption patterns to nutritional and health status, and for use in the evaluation of Federal food and nutrition intervention programs;

(8) establish national baseline data and procedures for nutrition monitoring;

(9) provide scientific and technical assistance, training, and consultation to State and local governments for the purpose of--

(A) obtaining dietary and nutrition status data;

(B) developing related data bases; and

(C) promoting the development of regional, State, and local data collection services to become an integral component of a national nutritional status network;

(10) establish mechanisms to identify the needs of users of nutrition monitoring data and to encourage the private sector and the academic community to participate in the development and implementation of the comprehensive plan and contribute relevant data from non-Federal sources to promote the development of a national nutritional status network;

(11) compile an inventory of Federal, State, and nongovernment activities related to nutrition monitoring and related research;

(12) focus on national nutrition monitoring needs while building on the responsibilities and expertise of the individual membership of the Board;

(13) administer the coordinated program, define program objectives, priorities, oversight, responsibilities, and resources, and define the organization and management of the Board and the Council; and

(14) provide a mechanism for periodically evaluating and refining the coordinated program and the comprehensive plan that facilitates cooperation and interaction by State and local governments, the private sector, scientific communities, and health care professionals, and that facilitates coordination with non-Federal activities.

(c) The comprehensive plan shall--

(1) allocate all of the projected functions and activities under the coordinated program among the various Federal agencies and offices that will be involved;

(2) contain an affirmative statement and description of the functions to be performed and activities to be undertaken by each of such agencies and offices in carrying out the coordinated program; and

(3) constitute the basis on which each agency

participating in the coordinated program requests authorizations and appropriations for nutrition monitoring and related research during the 10-year period of the program.

(d)(1) Within 12 months after the date of enactment of this Act, the Secretaries shall publish in the Federal Register a proposed comprehensive plan for public review for a comment period of no less than 60 days.

(2) Within 60 days after the comment period under paragraph (1) expires, and after considering any comments received, the Secretaries shall submit to the President, for submission to the Congress and for publication in the Federal Register, the final comprehensive plan.

(e) Nothing in this section may be construed as modifying, or as authorizing the Secretaries or the comprehensive plan to modify, any provision of an appropriation Act (or any other provision of law relating to the use of appropriated funds) that specifies--

(1) the department or agency to which funds are appropriated; or

(2) the obligations of such department or agency with respect to the use of such funds.

IMPLEMENTATION OF THE COMPREHENSIVE PLAN

SEC. 104. (a) The comprehensive plan shall be carried out during the period ending with the close of the ninth fiscal

year following the fiscal year in which the comprehensive plan is submitted in its final form under section 103(d)(2), and shall be--

(1) carried out in accord with, and meet the program objectives specified in, section 103(a) and paragraphs (1) through (11) of section 103(b);

(2) managed in accord with paragraphs (12) through (14) of section 103(b);

(3) carried out, by the Federal agencies involved, in accord with the allocation of functions and activities under section 103(c); and

(4) funded by appropriations made to such agencies for each fiscal year of the program.

(b) Nothing in this title may be construed to grant any new regulatory authority or to limit, expand, or otherwise modify any regulatory authority under existing law, or to establish new criteria, standards, or requirements for regulation under existing law.

SCIENTIFIC RESEARCH AND DEVELOPMENT IN SUPPORT OF THE COORDINATED PROGRAM AND COMPREHENSIVE PLAN

SEC. 105. The Secretaries shall coordinate the conduct of, and may contract with the National Science Foundation, the National Aeronautics and Space Administration, the National Oceanic and Atmospheric Administration, the National Institute of Standards and Technology, and other suitable

Federal agencies, for such scientific research and development as may be necessary or appropriate in support of the coordinated program and the comprehensive plan and in furtherance of the purposes and objectives of this Act.

ANNUAL BUDGET SUBMISSION

SEC. 106. (a) The President, at the same time as the submission of the annual budget to the Congress, shall submit a report to the Committees on Agriculture and Science, Space, and Technology of the House of Representatives and to the Committees on Agriculture, Nutrition, and Forestry and Governmental Affairs of the Senate on expenditures required for carrying out the coordinated program and implementing the comprehensive plan. The report shall detail, for each of the agencies that are allocated responsibilities under the coordinated program--

(1) the amounts spent on the coordinated program during the fiscal year most recently ended;

(2) the amounts expected to be spent during the current fiscal year; and

(3) the amounts requested in the annual budget for the fiscal year for which the budget is being submitted.

(b) Nothing in this title is intended to either--

(1) authorize the appropriation or require the expenditure of any funds in excess of the amount of funds that would be authorized or expended for the same

purposes in the absence of the coordinated program; or

(2) limit the authority of any of the participating agencies to request and receive funds for such purposes (for use in the coordinated program) under other laws.

TITLE II--NATIONAL NUTRITION MONITORING ADVISORY COUNCIL

ESTABLISHMENT OF THE COUNCIL

SEC. 201. (a)(1) The President shall establish, within ninety days after the date of the enactment of this Act, a National Nutrition Monitoring Advisory Council. The Council shall assist in carrying out the purposes of this Act, provide scientific and technical advice on the development and implementation of the coordinated program and comprehensive plan, and serve in an advisory capacity to the Secretaries.

(2) The Council shall consist of nine voting members, of whom--

(A) five members shall be appointed by the President; and

(B) four members shall be appointed by Congress, of whom--

(i) one shall be appointed by the Speaker of the House of Representatives;

(ii) one shall be appointed by the minority leader of the House of Representatives;

(iii) one shall be appointed by the President pro

tempore of the Senate; and

(iv) one shall be appointed by the minority leader of the Senate.

(3) The Council also shall include the joint chairpersons of the Board as ex officio nonvoting members.

(b) Each person appointed to the Council shall be--

(1) eminent in the field of administrative dietetics, clinical dietetics, community nutrition research, public health nutrition, nutrition monitoring and surveillance, nutritional biochemistry, food composition and nutrient analysis, health statistics management, epidemiology, food technology, clinical medicine, public administration, health education, nutritional anthropology, food consumption patterns, food assistance programs, agriculture, or economics; and

(2) selected solely on the basis of an established record of distinguished service.

(c) The persons appointed to the Council by the President shall include--

(1) one member who is a director of a nutrition research unit that is primarily supported by Federal funds, and who has a specialized interest in nutrition monitoring;

(2) one member who is an employee of a State government and has a specialized interest in nutrition

monitoring;

(3) one member who is an employee of a local government and has a specialized interest in nutrition monitoring; and

(4) one member who is an appointed representative of the Food and Nutrition Board, National Academy of Sciences.

(d) The Council membership, at all times, shall have representatives from various geographic areas, the private sector, academia, scientific and professional societies, agriculture, minority organizations, and public interest organizations.

(e) The Chairperson of the Council shall be elected from and by the Council membership. The term of office of the Chairperson shall not exceed five years. If a vacancy occurs in the Chairpersonship, the Council shall elect a member to fill such vacancy.

(f) The term of office of each of the voting members of the Council shall be five years, except that of the five members first appointed by the President, two shall be appointed for a term of two years, two for terms of three years, and one for a term of four years, as designated by the President at the time of appointment. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which the predecessor of such member was appointed shall

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be appointed for the remainder of such term. No member shall be eligible to serve continuously for more than two consecutive terms.

(g) The initial members of the Council shall be appointed or designated not later than ninety days after the date of the enactment of this Act.

(h) The Council shall meet on a regular basis at the call of the Chairperson, or on the written request of one-third of the members. A majority of the appointed members of the Council shall constitute a quorum.

(i) Appointed members of the Council may not be employed by the Federal Government and shall be allowed travel expenses as authorized by section 5703 of title 5, United States Code.

(j) The Administrator of Nutrition Monitoring and Related Research (if appointed under section 101(d)) shall serve as the Executive Secretary of the Council.

(k) The Council shall terminate 10 years after the final comprehensive plan is prepared under section 103.

FUNCTIONS OF THE COUNCIL

SEC. 202. The Council shall--

(1) provide scientific and technical advice on the development and implementation of all components of the coordinated program and the comprehensive plan;

(2) evaluate the scientific and technical quality of

the comprehensive plan and the effectiveness of the coordinated program;

(3) recommend to the Secretaries, on an annual basis, means of enhancing the comprehensive plan and the coordinated program; and

(4) submit to the Secretaries annual reports that--

(A) shall contain the components specified in paragraphs (2) and (3); and

(B) shall be included in full in the biennial reports of the Secretaries to the President for transmittal to Congress under section 102(b).

TITLE III--DIETARY GUIDANCE

ESTABLISHMENT OF DIETARY GUIDELINES

SEC. 301. (a)(1) By January 1, 1990, and at least every five years thereafter, the Secretaries shall publish a report entitled ``Dietary Guidelines For Americans''. Each such report shall contain nutritional and dietary information and guidelines for the general public, and shall be promoted by each Federal agency in carrying out any Federal food, nutrition, or health program.

(2) The information and guidelines contained in each report required under paragraph (1) shall be based on the preponderance of the scientific and medical knowledge which is current at the time the report is prepared.

(b)(1) Any Federal agency which proposes to issue any

dietary guidance for the general population or identified population subgroups, shall submit the text of such guidance to the Secretaries sixty days before the publication of the notice of availability for comment required to be published in the Federal Register under this section.

(2)(A) During the sixty-day review period established in paragraph (1), the Secretaries shall review and approve or disapprove such guidance to assure that the guidance either is consistent with the ''Dietary Guidelines for Americans'' or that the guidance is based on medical or new scientific knowledge which is determined to be vaild by the Secretaries. If after such sixty-day period neither Secretary notifies the proposing agency that such guidance has been disapproved, then such guidance may be issued by the agency. If both Secretaries disapprove of such guidance, it shall be returned to the agency. If either Secretary finds that such guidance is inconsistent with the ''Dietary Guidelines for Americans'' and so notifies the proposing agency, such agency shall follow the procedures set forth in this subsection before disseminating such proposal to the public in final form. If after such sixty-day period, either Secretary disapproves such guidance as inconsistent with the ''Dietary Guidelines for Americans'' the proposing agency shall--

(i) publish a notice in the Federal Register of the availability of the full text of the proposal and the

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preamble of such proposal which shall explain the basis and purpose for the proposed dietary guidance;

(ii) provide in such notice for a public comment period of thirty days; and

(iii) make available for public inspection and copying during normal business hours any comment received by the agency during such comment period.

(B) After review of comments received during the comment period either Secretary may approve for dissemination by the proposing agency a final version of such dietary guidance along with an explanation of the basis and purpose for the final guidance which addresses significant and substantive comments as determined by the proposing agency.

(C) Any such final dietary guidance to be disseminated under subparagraph (B) shall be announced in a notice published in the Federal Register, before public dissemination along with an address where copies may be obtained.

(D) If after the thirty-day period for comment as provided under subparagraph (A)(ii), both Secretaries disapprove a proposed dietary guidance, the Secretaries shall notify the Federal agency submitting such guidance of such disapproval, and such guidance may not be issued, except as provided in subparagraph (E).

(E) If a proposed dietary guidance is disapproved by both

Secretaries under subparagraph (D), the Federal agency proposing such guidance may, within fifteen days after receiving notification of such disapproval under subparagraph (D), request the Secretaries to review such disapproval. Within fifteen days after receiving a request for such a review, the Secretaries shall conduct such review. If, pursuant to such review, either Secretary approves such proposed dietary guidance, such guidance may be issued by the Federal agency.

(3) For purposes of this subsection, the term ``dietary guidance for the general population'' does not include any rule or regulation issued by a Federal agency.

(4) For purposes of this subsection, the term ``identified population subgroups'' shall include, but not be limited to, groups based on factors such as age, sex, or race.

(c) This section does not place any limitations on--

(1) the conduct or support of any scientific or medical research by any Federal agency;

(2) the presentation of any scientific or medical findings or the exchange or review of scientific or medical information by any Federal agency; or

(3) the authority of the Food and Drug Administration under the provisions of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et seq.).

TBS1081ES

25

Amend the title to read as follows: ``An Act to establish a coordinated National Nutrition Monitoring and Related Research Program, and a comprehensive plan for the assessment of the nutritional and dietary status of the United States population and the nutritional quality of food consumed in the United States, with the provision for the conduct of scientific research and development in support of such program and plan.''.

THE AM. ,CAN DIETETIC ASSOCIATION

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Written Statement Presented By

JANICE N. NEVILLE, DSc, MPH, RD
PRESIDENT

OF

THE AMERICAN DIETETIC ASSOCIATION

Before The

SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS

For A Hearing On The

NATIONAL NUTRITION MONITORING

AND

RELATED RESEARCH ACT OF 1987

342 Senate Dirksen Office Building
9:30 a.m.
Tuesday, March 22, 1988

Written Statement of
THE AMERICAN DIETETIC ASSOCIATION
on National Nutrition Monitoring

Introduction

Good morning, Chairman Glenn, Senator Bingaman, and members of the Senate Committee on Governmental Affairs.

I am Janice Neville, President of the American Dietetic Association, and Professor, Department of Nutrition, Case Western Reserve University, Cleveland, Ohio. On behalf of the 57,000 members of The American Dietetic Association (ADA), I would like to thank you for the opportunity to address you today in support of Senator Bingaman's bill, the National Nutrition Monitoring and Related Research Act of 1987. The American Dietetic Association promotes optimal health and nutritional status of the population through the provision of direction and leadership for quality dietetic practice, education, and research.

The American Dietetic Association supports the goals of a national nutrition monitoring system, structured to meet the expanding needs of food, nutrition and health professionals, and state and local governments to determine agriculture, dietary, nutrition and health policy. It will provide information essential for the timely and accurate implementation of the 1990 Health Objectives for the Nation, the development and implementation of the Year 2000 Health Objectives for the Nation, and the Dietary Guidelines for Americans (1, 2). In addition to The American Dietetic Association, there are over thirty-five public health, scientific, professional, voluntary, consumer, anti-hunger, elderly, educational, religious, and state and local government groups in the Coalition for Nutrition Monitoring that also support S. 1081 (Figure 1).

Representative Buddy MacKay, in previous remarks on nutrition monitoring, has stated that the lack of passage of a national nutrition monitoring system is a frustrating problem on an issue that should not be troublesome at all. At the March 2nd hearing on nutrition

monitoring little reference was made to data from US Department of Agriculture (USDA) and US Department of Health and Human Services (DHHS) surveys. This would suggest that the data from federal is not as useful as it could be for the purposes of their research. This underscores the need for stronger coordination of nutrition monitoring activities of USDA and DHHS.

Background

Nutrition monitoring dates back to 1936 when the first household food consumption survey was conducted by the United States Department of Agriculture (USDA).(3) The Food and Agriculture Act of 1977 directed the Secretaries of Agriculture and Health, Education, and Welfare (now Health and Human Services, DHHS) to submit to Congress a proposal for a comprehensive nutrition monitoring system to include:

> 1) an assessment system consisting of periodic surveys and continuous monitoring to determine: The extent of risk of nutrition-related health problems in the United States; which population groups or areas of the country face greatest risk; and the likely causes of risk and changes in the above risk factors over time;
> 2) a surveillance system to identify remediable nutrition-related health risks to individuals or for local areas, in such a manner as to tie detection to direct interventions and treatment...; and
> 3) program evaluations to determine the adequacy, efficiency, effectiveness, and side effects of nutrition-related programs in reducing health risks to individuals and populations (4).

In 1978, the proposal for a comprehensive nutrition monitoring system was transmitted from USDA and DHHS to the Senate. In September, 1981, the USDA-DHHS Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System was completed and delivered to Congress (5).

Current Status of the National Nutrition Monitoring System

The current status of nutrition monitoring activities as called for in the Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System (JIPCNNMS) are outlined in Table 1 and summarized below:

Coordination of the 1987 Nationwide Food Consumption Survey (NFCS) and the National Health and Nutrition Examination Survey (NHANES) III: Although the surveys will use the same food coding system and the same food composition data bases, they will not be conducted at the same time. NFCS began in 1987 and NHANES III is scheduled to begin this year. The agencies have missed the time frame to coordinate the core data sets of the NNMS and will have to wait ten years until 1997 for the next opportunity to coordinate these surveys. Surveys in other USDA and DHHS branches currently have not been coordinated with the same data bases.

The JIPCNNMS also focuses on other interconnected elements: health status measurements, food consumption measurements, food composition measurements, dietary knowledge and attitudes assessments, and food supply determinations. In a 1982 report on the feasibility of coordinating the two surveys, the conclusion drawn by statisticians was that it would be impractical to combine the two surveys because of logistical drawbacks, but outlined several recommendations to better coordinate the surveys (6). These recommendations focused on the comparability of survey components, primarily in the areas of socio-economic and dietary data, and survey design components.

Timeliness of data collection: USDA has collected data through NFCS once every 10 years since 1955. Health and nutrition data collection through NHANES has been variable, with surveys conducted from 1971 to 1975 (NHANES), 1975 to 1980 (NHANES II), and NHANES III scheduled to begin in 1988. USDA's Continuing Survey of Food Intakes of

Individuals (CSFII), which plans to provide data each year between NFCS 1987 and NFCS 1997, for the most part covers only women from 19 to 50 years, and children from 1 to 5 years. Food intake data of infants, men, and older Americans is not continuously collected.

Timeliness of data release: The time between data collection, analysis and release has been a major problem for nutrition monitoring but recently has been improving. In the past, NFCS and NHANES data were generally considered preliminary until the next survey. Hispanic-HANES data (collected from 1982 to 1984) has only recently been made available. Reports and data tapes from the 1985 and 1986 CSFII (small, non-national samples) were released within 6 months after data collection (7). Efforts to improve data release must continue for timely and accurate formulation and evaluation of food and nutrition policy and programs.

Interpretation of monitoring data: The first report of the Joint Nutrition Monitoring Evaluation Committee, due to Congress in November 1984 (according to the 1981 JIPCNNMS), was not released until July, 1986 (8). To remain on schedule with the original JIPCNNMS, another report was due to Congress in 1987. This deadline has not been met since we are now well into 1988. However, USDA and DHHS have contracted with the Federation of American Societies for Experimental Biology (FASEB) to create an Ad Hoc Expert Panel on Nutrition Monitoring to prepare the second report due to Congress (9).

Expanded usefulness of monitoring data: The usefulness of monitoring data is dependent upon its application to the general and specific populations in a timely manner. The availability of technical assistance and training for non-federal users, although improved, needs further expansion in data analysis and utilization; and, the development of a central focus for dissemination of data. Current food and nutrition policy for the American public

is principally formulated with 1977 to 1978 NFCS and 1975 to 1980 NHANES II data. The 1984 President's Task Force on Food Assistance stated that food and nutrition investigations currently must use data that become available only after the urgency which prompted their need has passed (10).

Two areas not addressed in the Plan but needed are the stimulation of research to make monitoring techniques more effective; and the formation of an external scientific body to transmit the monitoring needs of non-federal users. With the ever changing diet and health behavior of the public; food, nutrition, and health professionals require a nutrition monitoring system that provides timely, coordinated, and useful data and technical assistance for programming and policy formulation.

Cost of National Nutrition Monitoring

The cost of S. 1081 will depend on the priorities selected and the level of effort each agency determines that it will accept in any fiscal year. However, the bill clearly states that nothing in the title is intended to authorize the appropriation or require the expenditure of any funds in excess of the amount of funds that would be authorized or expended for the same purposes in the absence of the coordinated program. Moreover, improved coordination of monitoring efforts should make more effective use of federal expenditures and thereby result in cost savings. Also, S. 1081 will provide policy-makers with a rational basis for allocating scarce resources.

Additionally, the bill calls for the use of cost-recovery management techniques and imposes charges and fees for publications of the coordinated program to supplement the resources provided by the federal government. Finally, there is the long-term cost savings that would result from a sound nutrition monitoring system. More timely and better coordinated data collection and analysis would be invaluable in carrying out effective nutrition education and

intervention programs. The improved health that would result from these programs would save money both in the government and in the private sector (11).

Needs of state and local governments:

Although the bill establishes a central federal focus for coordinating, managing and directing national monitoring activities, it does a great deal, as well, to get states and localities more into the nutrition monitoring picture. The bill also directs the Secretaries and the Board to include in their program scientific and technical assistance to state and local governments in obtaining dietary and nutritional status data.

The current NNMS falls short of providing information on high risk groups: hungry, homeless, elderly, pregnant women and children. The Operational Plan for the National Nutrition Monitoring System which does show some improvement, does reveal major gaps. Nutritional status data on hungry and homeless persons is conspicuously absent from the current system.

The Centers for Disease Control Pregnancy and Pediatric Nutrition Surveillance Systems, for example, are only conducted in 14 and 34 states, respectively. Public Health Nutritionists and Public Health Administrators in state government have stated that it is becoming more difficult to initiate these Systems in states because fewer funds are being committed to nutrition. The CDC surveillance systems, although very useful, provide data that primarily represents participants (80%) in the Special Supplemental Foods Program for Women, Infants and Children (WIC). Therefore, this data does not reflect the nutritional status of non-WIC participants (12).

The elderly population in American is growing rapidly. It is critical that nutritional status data is available to nutrition and dietetic professionals to develop educational programs and provide dietary guidance. NHANES only samples individuals up to age 75. While there is

a large body of information on technological advances in medicine to increase lifespan, current monitoring systems do not provide nutritional status data on this increasingly important segment of the population.

Scientific research and development; improving technology transfer

For the purpose of developing better and less costly methods of data collection, the bill requires the Secretaries of USDA and DHHS to coordinate the conduct of such scientific research necessary to support the NNMS. With all the technological innovation we hear about every day in the areas of space launches, artificial hearts, etc. surely there are less invasive, more precise and less costly methods that could be developed to determine dietary intake and nutritional status. We think this special grants program could and should encourage this kind of research.

As stated at the March 2nd hearing on nutrition in health and disease, there was a unanimous consensus from Administration representatives and scientific experts that more funds need to be appropriated for basic nutrition research. Research related to nutrition monitoring should be a component of basic nutrition research.

Title II: National Nutrition Monitoring Advisory Council

ADA supports the formation of the Advisory Council because currently there is little outside input going to the agencies. The Advisory Council as provided in the legislation will provide an objective perspective to the system that does not exist with representation only from federal agencies.

Title III: Dietary Guidance

Consumer demand is one factor that drives food production. Consumer demand for nutrition information should also drive nutrition surveys to release information that is

timely, useful, and understandable by users and other interested parties. The need for timely data from the NNMS is directly linked to the need to revise federal dietary recommendations.

Closing

I thank the Committee on Governmental Affairs for the opportunity to express the views of The American Dietetic Association on the National Nutrition Monitoring and Related Research Act of 1987. The Act takes the resources currently used for nutrition monitoring and directs that they be used in a coordinated and more cost-effective manner. Without a comprehensive nutrition monitoring system, we will continue to be faced with the same problems in determining the nutritional status of both high-risk and healthy Americans. I hope that S. 1081 will be promptly reported out of the Committee on Governmental Affairs and enacted into law this year.

References

(1) Promoting Health, Preventing Disease: Objectives for the Nation. Washington: US Department of Health and Human Services, 1980.

(2) Nutrition and Your Health: Dietary Guidelines for Americans, 2nd edition. Washington: US Departments of Agriculture and Health and Human Services, 1985.

(3) Porter, D.: Background information on the human nutrition research activities at USDA. Washington: Library of Congress, Congressional Research Service, 1982.

(4) P.L. 95-113. The Food and Agriculture Act of 1977, Sec. 1428, September 29, 1977.

(5) USDHHS and USDA: Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System. Washington: US Departments of Agriculture and Health and Human Services (Unpublished report), 1981.

(6) Review of technical issues surrounding the coordination of NHANES and NFCS.Washington: US Department of Health and Human Services, 1982.

(7) Harris, S.: A nutrition monitoring update: A USDA perspective. J Am Diet Assoc 87: 583, 1987.

(8) Nutrition monitoring in the United States: A progress report from the Joint Nutrition Monitoring Evaluation Committee. Washington: US Departments of Agriculture and Health and Human Services (DHHS Publication No. (PHS) 86-1255), 1986.

(9) US Departments of Agriculture and Health and Human Services.: Scientific review of National Nutrition Monitoring System information and data; announcement of study; opportunities to provide data and information; open meetings; closed meetings. Federal Register, 52: 45504, 1987.

(10) Report of the President's Task Force on Food Assistance. Washington: President's Task Force on Food Assistance (Unpublished report), 1984.

(11) Shipley-Moses, E. and Dodds, J.: Nutrition Surveillance and Monitoring. J Nutr Ed 19: 125, 1987.

(12) Conversation with Agnes W. Hinton, Member of the USDA WIC Advisiory Committee. March, 1988.

FIGURE 1

ORGANIZATIONS IN SUPPORT OF NATIONAL NUTRITION MONITORING

The American Academy of Pediatrics
The American Association of Retired Persons
The American Baptist Churches USA
The American College of Preventive Medicine
The American Dietetic Association
The American Heart Association
The American Home Economics Association
The American Institute of Nutrition
The American Medical Students Association
The American Nurses Association
The American Public Health Association
The American School Food Service Association
The American Society for Clinical Nutrition
The Association of State and Territorial Health Officers
The Association of Schools of Public Health
The Association of Teachers of Preventive Medicine
Bread for the World
Center on Budget and Policy Priorities
Coalition on Block Grants and Human Needs
Food Research and Action Center
Lutheran Office for Government Affairs
Mennonite Central Committee
National Association for WIC Directors
National Consumers League
National Council of La Raza
National Farmers Union
National Osteoporosis Foundation
National PTA
National Perinatal Association
National Student Campaign Against Hunger
Public Voice for Food and Health Policy
Service Employees International Union
Society for Nutrition Education
United States Conference of Local Health Officers
United Fresh Fruit and Vegetable Association
World Hunger Education Service
World Hunger Year

3/1/88

TESTIMONY OF

PATRICIA B. SWAN

AMERICAN INSTITUTE OF NUTRITION

AMERICAN SOCIETY FOR CLINICAL NUTRITION

AT A HEARING ON

THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1987

BEFORE THE GOVERNMENTAL AFFAIRS COMMITTEE

UNITED STATES SENATE

MARCH 22, 1988

MR. CHAIRMAN, THANK YOU FOR THIS OPPORTUNITY TO TESTIFY IN SUPPORT OF THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1987 (S.1081). MY NAME IS PATRICIA B. SWAN AND I AM CHAIR OF THE JOINT PUBLIC AFFAIRS COMMITTEE OF THE AMERICAN INSTITUTE OF NUTRITION AND THE AMERICAN SOCIETY FOR CLINICAL NUTRITION. I AM ALSO A PROFESSOR IN THE DEPARTMENT OF FOOD SCIENCE AND NUTRITION AND ASSOCIATE DEAN OF THE GRADUATE SCHOOL AT THE UNIVERSITY OF MINNESOTA.

MY TESTIMONY TODAY IN SUPPORT OF THIS BILL IS IN KEEPING WITH THE POSITION OF THE GOVERNING COUNCILS OF THE AMERICAN INSTITUTE OF NUTRITION AND THE AMERICAN SOCIETY FOR CLINICAL NUTRITION, BOTH OF WHOM HAVE PASSED RESOLUTIONS IN SUPPORT OF A NATIONAL NUTRITION MONITORING SYSTEM. MY SPECIFIC COMMENTS ARE BASED ON A STATEMENT ISSUED LAST SUMMER BY OUR JOINT PUBLIC AFFAIRS COMMITTEE. THESE TWO SOCIETIES ARE THE MAJOR PROFESSIONAL ORGANIZATIONS FOR NUTRITION SCIENTISTS IN CLINICAL, EDUCATIONAL AND RESEARCH INSTITUTIONS IN THE UNITED STATES. COLLECTIVELY OUR MEMBERS REPRESENT THE PREDOMINANT EXPERTISE IN THE FIELD OF NUTRITION SCIENCE.

OUR PRIMARY REASON FOR SUPPORTING THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1987 IS OUR STRONG OPINION THAT THE UNITED STATES NEEDS A NATIONAL NUTRITION MONITORING SYSTEM. NO SUCH SYSTEM CURRENTLY EXISTS. SUCH A SYSTEM IS VITAL TO OUR UNDERSTANDING OF THE NUTRITIONAL HEALTH OF OUR NATION. WE NEED TO KNOW HOW WE USE FOOD IN THIS COUNTRY, HOW OUR USES OF FOOD ARE CHANGING, AND THE GENERAL NUTRITIONAL STATUS OF THE AMERICAN PEOPLE. GOOD FOOD CHOICES ARE BASIC TO OUR NATION'S HEALTH. SURELY THOSE CONCERNED ABOUT OUR NATION'S HEALTH, SUCH AS YOU WHO ARE POLICY-MAKERS IN THE CONGRESS, NEED TO HAVE ACCURATE AND TIMELY INFORMATION ON WHICH TO BASE THAT POLICY.

A SECOND REASON WE SUPPORT THIS ACT IS THAT WE BELIEVE THAT PROGRAMS

NOW CARRIED OUT BY THE FEDERAL GOVERNMENT, IF COORDINATED, COULD PROVIDE MUCH MORE USEFUL INFORMATION THAN THEY NOW DO. THE COMPONENTS OF A NATIONAL SYSTEM ALREADY EXIST, BUT THEY NEED TO BE COORDINATED TO ACHIEVE THE GOAL OF A NATIONAL NUTRITION MONITORING SYSTEM. CHIEF AMONG THESE COMPONENTS ARE THE HEALTH AND NUTRITION EXAMINATION SURVEY CONDUCTED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NATIONWIDE FOOD CONSUMPTION SURVEY CONDUCTED BY THE DEPARTMEN OF AGRICULTURE. SEVERAL OTHER COMPONENTS EXIST AMONG THE PROGAMS OF THESE TWO DEPARTMENTS AND TO A LESSER EXTENT WITHIN SEVERAL OTHER AGENCIES OF THE FEDERAL GOVERNMENT. A RECENT REPORT FROM THE NATIONAL ACADEMY OF SCIENCES RECOMMENDED WAYS IN WHICH COORDINATION MIGHT IMPROVE THE VALUE OF THESE PROGRAMS. SIMILARLY, THE JOINT NUTRITION MONITORING EVALUATION COMMITTEE, REPORTING TO DHHS AND USDA, RECOMMENDED WAYS TO IMPROVE INFORMATION ABOUT THE NUTRITIONAL STATUS OF OUR POPULATION THROUGH COORDINATION OF EXISTING GOVERNMENT PROGRAMS. THESE RECOMMENDATIONS NEED TO BE IMPLEMENTED.

A THIRD REASON FOR SUPPORTING S.1081 IS THAT IT ASSIGNS RESPONSIBILITY FOR THE NATIONAL COORDINATION OF NUTRITION MONITORING TO A SPECIFIC INTERAGENCY BOARD. ALTHOUGH THOSE RESPONSIBLE FOR THE SURVEYS MENTIONED ABOVE HAVE EXPRESSED A DESIRE TO COORDINATE THEIR PROGRAMS, AND ALTHOUGH THEY HAVE PRESENTED PLANS TO THE CONGRESS FOR ACCOMPLISHING THIS COORDINATION, <u>TO DATE WE HAVE SEEN NO DATA RESULTING FROM COORDINATED EFFORTS.</u> WE BELIEVE THIS IS DUE, IN PART, TO THE FACT THAT NO PERSON OR GROUP HAS THE RESPONSIBILITY FOR COORDINATION. THERE ARE MANY NATURAL OBSTACLES TO SUCH COORDINATION AMONG DEPARTMENTS. SOMEONE HAS TO ASSUME THE RESPONSIBILITY FOR OVERCOMING THESE OBSTACLES. WE HAVE CEASED TO BELIEVE THAT COORDINATION WILL COME ABOUT SIMPLY BECAUSE THE AGENCIES INVOLVED PROFESS THEIR DESIRE FOR THAT COORDINATION.

A FOURTH REASON FOR SUPPORTING S.1081 IS THAT IT REQUIRES PERIODIC

EVALUATION OF INFORMATION GATHERED THROUGH NUTRITION MONITORING. POLICY MAKERS DO NOT OFTEN HAVE THE TIME OR THE EXPERTISE TO EXAMINE THE INFORMATION THAT COMES FROM NUTRITION MONITORING AND TO EVALUATE WHAT IT SAYS ABOUT THE NUTRITIONAL STATUS OF THE AMERICAN PEOPLE. EXPERTS NOT DIRECTLY CONNECTED WITH THE FEDERAL PROGRAMS ARE REQUIRED TO CARRY OUT THIS EXAMINATION AND EVALUATION, IN ADDITION TO THOSE WHO ARE WITH THE PROGRAMS AND WHO ALSO HAVE A RESPONSIBILITY TO EVALUATE THEIR FINDINGS.

OTHER IMPORTANT FEATURES OF THE NATIONAL NUTRITION MONITORING AND RELATED RESEARCH ACT OF 1987 INCLUDE COORDINATION WITH THE STATES, THE ESTABLISHMENT OF AN ADVISORY COUNCIL, AND RESEARCH TO IMPROVE OUR ABILITY TO MONITOR THE NUTRITIONAL STATUS OF A POPULATION. SEVERAL STATES ARE NOW CARRYING OUT THEIR OWN NUTRITION MONITORING PROGRAMS, OR AT LEAST THEIR OWN NUTRITION SURVEYS. A FEDERAL-STATE PARTNERSHIP IN THESE EFFORTS WOULD BENEFIT BOTH THE STATES AND THE FEDERAL GOVERNMENT. AT THE VERY LEAST THE FEDERAL PROGRAMS MIGHT HELP TO IDENTIFY THE MOST RELIABLE METHODS FOR NUTRITION MONITORING. EVEN BETTER WOULD BE COORDINATION THAT PERMITS COMPARISON BETWEEN STATE AND FEDERAL MONITORING PROGRAMS. OUR ABILITY TO MONITOR THE NUTRITIONAL STATUS OF A POPULATION IS CURRENTLY LIMITED BY LACK OF INEXPENSIVE, RELIABLE AND EFFECTIVE METHODS TO ASSESS WHAT PEOPLE EAT AND THEIR NUTRITIONAL STATUS. THERE IS A SERIOUS AND PRESSING NEED FOR RESEARCH TO IMPROVE OUR CURRENT METHODS AND TO DEVELOP NEW AND BETTER ONES. THE ADVISORY COUNCIL DESCRIBED IN TITLE II WOULD PROVIDE EXPERTISE TO HELP BRING ABOUT THESE IMPROVEMENTS.

FINALLY, TITLE III OF S.1081 REQUIRES THAT THE SECRETARIES OF AGRICULTURE AND HEALTH AND HUMAN SERVICES PUBLISH DIETARY GUIDELINES EVERY FIVE YEARS AND PROMOTE THOSE GUIDELINES WHEN CARRYING OUT FEDERAL FOOD, NUTRITION AND HEALTH PROGRAMS. WE STRONGLY FAVOR THE DEVELOPMENT OF DIETARY GUIDANCE BY THE FEDERAL GOVERNMENT AND WE BELIEVE IT IS IMPORTANT

THAT THE GOVERNMENT BE AS CONSISTENT AS POSSIBLE WHEN PROVIDING NUTRITION INFORMATION TO THE AMERICAN PEOPLE. TO THIS END, THE PROVISION FOR REVIEW OF ANY PROPOSED DIETARY GUIDANCE SHOULD HELP IN ASSURING THAT SUCH GUIDANCE WILL BE CONSISTENT AND BASED ON THE BEST SCIENTIFIC EVIDENCE AVAILABLE.

ORGANIZATIONS IN SUPPORT OF S.1081

The American Academy of Pediatrics

The American Association of Retired Person
The American Baptist Churches USA

The American College of Preventive Medicine
The American Dietetic Association
The American Farm Bureau Federation
The American Heart Association
The American Home Economics Association
The American Institute of Nutrition
The American Meat Institute
The American Medical Students Association
The American Nurses Association
The American Public Health Association
The American School Food Service Association
The American Society for Clinical Nutrition

The Association of State and Territorial Health Officers
The Association of Schools of Public Health
The Association of Teachers of Preventive Medicine
Bread for the World

Center on Budget and Policy Priorities

Coalition on Block Grants and Human Needs
Food Research and Action Center

Lutheran Office for Government Affairs
Mennonite Central Committee
National Association for WIC Directors
National Broiler Council
National Cattlemen's Association
National Consumers League
National Council of La Raza
National Farmer's Union
National Grange
National Milk Producers Federation
National Osteoporosis Foundation
National PTA
National Perinatal Association
National Pork Producers Council
National Student Campaign Against Hunger
Public Voice for Food and Health Policy
Service Employees International Union
United Egg Producers

United Fresh Fruit and Vegetable Association
United States Conference of Local Health Officers
World Hunger Education Service
World Hunger Year

OPERATIONAL PLAN FOR THE

NATIONAL NUTRITION MONITORING SYSTEM

U.S. Department of Health and Human Services
Public Health Service

U.S. Department of Agriculture
Food and Consumer Services

August 1987

TABLE OF CONTENTS

		Page
PREFACE.		
I.	THE GOALS FOR THIS OPERATIONAL PHASE.	1
A.	Achieve a Comprehensive System Through Coordination Among NNMS Components	1
1.	Include All Appropriate Nutrition Monitoring Activities	1
2.	Improve Coverage of Major Population Groups At Risk.	2
3.	Improve Temporal Coverage	3
4.	Improve Comparability Among Surveys	3
B.	Improve Information Dissemination and Exchange	3
1.	Continue Reporting System to Congress	3
2.	Continue Timely Reporting and Interpretation of Data.	4
3.	Develop Comparable Reports and Tape Documentation.	4
4.	Increase Policy Relevance	4
5.	Improve Information Exchange Between Data Users and Generators	5
C.	Improve the Research Base for Nutrition Monitoring . . .	5
II.	PROGRESS DURING THE IMPLEMENTATION PHASE -- 1981-1986	7
A.	Achieve a Comprehensive System Through Coordination Among NNMS Components	7
1.	Include All Appropriate Nutrition Monitoring Activities	7
2.	Improve Coverage of Major Population Groups at Risk.	7
3.	Improve Temporal Coverage	8
4.	Improve Comparability Among Surveys	9

B. Improve Information Dissemination and Exchange 10

1. Continue Reporting System to Congress 10
2. Continue Timely Reporting and Interpretation of Data. 10
3. Develop Comparable Reports and Tape Documentation. 11
4. Increase Policy Relevance 12
5. Improve Information Exchange Between Data Users and Generators 14

C. Improve the Research Base for Nutrition Monitoring . . . 15

III. PROPOSED ACTIVITIES FOR THIS OPERATIONAL PHASE - 1987-1996. . 19

A. Achieve a Comprehensive System Through Coordination Among NNMS Components 19

1. Include All Appropriate Nutrition Monitoring Activities 19
2. Improve Coverage of Major Population Groups at Risk. 19
3. Improve Temporal Coverage 20
4. Improve Comparability Among Surveys 20

B. Improve Information Dissemination and Exchange 22

1. Continue Reporting System to Congress 22
2. Continue Timely Reporting and Interpretation of Data. 23
3. Develop Comparable Reports and Tape Documentation. 23
4. Increase Policy Relevance 23
5. Improve Information Exchange Between Data Users and Generators 24

C. Improve the Research Base for Nutrition Monitoring . . . 25

D. Calendar of Events 27

REFERENCES. 29

APPENDICES. 31

Appendix 1: Overview of DHHS and USDA Nutrition Monitoring Surveys and Surveillance Activities. 31

Appendix 2: Nutrition Research, Monitoring, and Policy: Functions, Components, and Relationships 47

ACRONYMS AND ABBREVIATIONS

The following list of acronyms and abbreviations is provided as a quick index of terms and Federal departments, agencies, and activities that are mentioned more than once in this report. Parenthetical acronyms and abbreviations identify the parent agency and department.

ASTPHND	Association of State and Territorial Public Health Nutrition Directors
BRFSS	Behavioral Risk Factor Surveillance System (CDC/DHHS)
CDC	Centers for Disease Control (DHHS)
CNRU	Clinical Nutrition Research Unit (NIH/DHHS)
CSFII	Continuing Survey of Food Intakes By Individuals (HNIS/USDA)
CSSS	Coordinated State Surveillance System (CDC/DHHS)
DHHS	Department of Health and Human Services
ERS	Economic Research Service (USDA)
ES	Extension Service (USDA)
FASEB	Federation of American Societies for Experimmental Biology
FDA	Food and Drug Administration (DHHS)
FLAPS	Food Labeling and Package Survey (FDA/DHHS)
FNS	Food and Nutrition Service (USDA)
FSIS	Food Safety and Inspection Service (USDA)
HHANES	Hispanic Health and Nutrition Examination Survey (NCHS/DHHS)
HNIS	Human Nutrition Information Service (USDA)
INFOODS	International Food Composition Data System
ICHNR	Interagency Committee on Human Nutrition Research
JNMEC	Joint Nutrition Monitoring Evaluation Committee (USDA/DHHS)
LSRO	Life Sciences Research Office (FASEB)
NCI	National Cancer Institute (NIH/DHHS)
NCL	Nutrient Composition Laboratory (ARS/USDA)
NDB	Nutrient Data Bank (HNIS/USDA)
NFCS	Nationwide Food Consumption Survey (HNIS/USDA)
NHLBI	National Heart, Lung, and Blood Institute (NIH/DHHS)
NIA	National Institute on Aging (NIH/DHHS)
NICHD	National Institute of Child Health and Human Development (NIH/DHHS)
NIH	National Institutes of Health (DHHS)
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases (NIH/DHHS)
NHANES	National Health and Nutrition Examination Survey (NCHS/DHHS)
NHIS	National Health Interview Survey (NCHS/DHHS)
NNMS	National Nutrition Monitoring System
OASFCS	Office of the Assistant Secretary for Food and Consumer Services (USDA)
OASH	Office of the Assistant Secretary for Health (DHHS)
PHS	Public Health Service (DHHS)
TDS	Total Diet Study (FDA/DHHS)
USDA	United States Department of Agriculture

PREFACE

The National Nutrition Monitoring System (NNMS) is a complex assortment of interconnected activities which provide regular information about the contribution that diet and nutritional status make to the health of the American people and about the factors affecting diet and nutritional status.[1] These activities fall into the five categories of health and nutritional status measurements, food consumption measurements, food composition measurements, dietary knowledge and attitude assessment, and food supply determinations.

The National Health and Nutrition Examination Survey (NHANES) and the Nationwide Food Consumption Survey (NFCS) form the core of the system. NHANES is conducted periodically by the National Center for Health Statistics (NCHS) of the Department of Health and Human Services (DHHS). It consists of a series of surveys of probability samples of the U.S. population. The surveys include health histories, medical examinations, laboratory measurements, and dietary interviews. Analyses of the resulting data provide assessments of the health and nutritional status of the U.S. population. Two national surveys have been completed--NHANES I (1971-1974) and NHANES II (1976-1980). A third, NHANES III (1988-1994), is scheduled to begin in September 1988. A survey of Hispanic Americans, the Hispanic Health and Nutrition Survey (HHANES), was completed in 1984.

NFCS, the responsibility of the Human Nutrition Information Service (HNIS) of the Department of Agriculture (USDA), has been conducted at roughly 10-year intervals since the mid-1930s. NFCS collects data on household food use and on food intake at home and away from home by individual household members. NFCS is based on a national probability sample of households. Data collected include the kinds, amounts, and costs of food used by households during a 7-day period and the food

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[1] Nutrition monitoring is defined as an on-going description of nutrition conditions in a population--with particular attention to subgroups defined in socioeconomic terms--for purposes of planning, analyzing effects of policies and programs, and predicting future trends (Mason et al., 1984). Nutrition monitoring is characterized by regular data collection, by a focus on populations, and by linkages with the decision-making process. It also provides information about factors that affect diet and nutritional status in a population. NNMS data are used primarily for national nutrition planning; its large monitoring surveys are not fully adequate for evaluation of food assistance programs, although the surveys do collect information about program participation for use as variables in studies of determinants of nutritional and dietary status (DHHS/USDA, 1986). Issues of definition and purposes, and of the specific use of monitoring data for program evaluation are discussed further in Mason et al. (1984) and in Nutrition Monitoring in the United States: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee (DHHS/USDA, 1986).

actually consumed by household members during a 3-day period. Analysis of survey data provide assessments of the adequacy of nutrient intakes of the U.S. population and population segments. The last in the series of national surveys was conducted in 1977-78 and the most recent began in April 1987. A smaller Continuing Survey of Food Intakes by Individuals (CSFII), initiated in 1985, provides information about dietary intakes between the larger decennial surveys.

USDA and DHHS, as well as other Federal agencies, carry out a variety of other monitoring activities that contribute to the understanding of the dietary and nutritional well-being of the population. For example, the USDA Human Nutrition Information Service and Economic Research Service (ERS) provide yearly estimates of the U.S. food supply and its nutrient content. HNIS also maintains the National Nutrient Data Bank. The DHHS Food and Drug Administration (FDA) determines levels of selected nutrients and contaminants in diets prepared from standard market baskets of foods in several regions of the country and supports quantitative assessments of vitamin and mineral supplement intake. Its Food Label and Package Survey (FLAPS) provides information on the nutritional quality of packaged foods through the examination of nutrition labels and through nutrient analysis of products bearing labels. FDA also conducts assessments of consumer knowledge, attitudes, and practices about diets. The Centers for Disease Control (CDC) of DHHS collects information on the health status of people in high-risk groups who use public health facilities in 34 states. These and related monitoring activities of the two Departments are described in appendix 1.

The NNMS maintains formal linkages with Federal nutrition policymakers through representation on the DHHS Nutrition Policy Board and the Subcommittee for Human Nutrition of USDA's Committee on Research and Education. It also maintains formal linkages with the Federal nutrition research community through the Interagency Committee on Human Nutrition Research.

The Agricultural Research Service (ARS) of USDA and the National Institutes of Health (NIH) of DHHS provide most of the research base underlying its efforts. ARS conducts basic research on human nutritional status assessment, requirements, and methods for determining the composition of foods. NIH supports the country's largest program in human nutrition research, including research on assessment of nutritional status, nutritional epidemiology, and clinical nutrition (DHHS/USDA, 1986). CDC, which conducts research on methods to assess nutritional status, and FDA, which conducts research on methods to measure nutrient and fiber content of foods, also support the monitoring activities' research base. Linkages with the nutrition policy arena and nutrition research community are illustrated in appendix 2.

Coordination among the major components of the monitoring system is the joint responsibility of the Office of the Assistant Secretary for Health (OASH), DHHS, and the Office of the Assistant Secretary for Food and Consumer Services (OASFCS), USDA. In the coordination of monitoring efforts, OASH-DHHS takes leadership responsibility for efforts to measure health and nutritional status, and OASFCS-USDA takes responsibility for food composition measurements and food supply determinations.

Responsibility for the other categories of activities--food consumption measurements and dietary knowledge and attitudes assessment--is shared by the two Departments. These assignments are based on primary data collection responsibilities as currently practiced.

This report is a revision of the Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System that was submitted to Congress in 1981. Prepared by USDA and DHHS under the aegis of the Assistant Secretary for Food and Consumer Services, USDA, and the Assistant Secretary for Health, DHHS, the 1981 plan described national nutrition monitoring activities underway, and specified goals and implementation activities for a nutrition monitoring system. The goals were:

- Achievement of the best possible coordination of the two largest components of the system--the National Health and Nutrition Examination Survey and the Nationwide Food Consumption Survey, and

- Development of a reporting system to translate findings from the two surveys and other monitoring activities into periodic reports to Congress on the nutritional status of the American population.

This report, the Joint Operational Plan for the National Nutrition Monitoring System, extends the implementation plan into its next phase. It contains three chapters. Chapter I presents the goals for this operational phase: two expanded goals of the implementation plan and one new goal. Chapter II describes progress achieved during the system's implementation phase. Chapter III covers the activities that will be undertaken during the operational phase. A calendar of events is included at the end of Chapter III.

CHAPTER I

THE GOALS FOR THIS OPERATIONAL PHASE

The 1981 implementation plan set two goals--better coordination of the two core surveys and the development of a system for reporting on the dietary and nutritional status of the U.S. population. Substantial progress has been made in both areas, and these goals will continue to be emphasized as the system moves from an implementation phase into an operational phase.

The goals for this operational phase build on the goals of the 1981 plan and include a new goal to improve the research base for nutrition monitoring. The new elements of each goal respond to recommendations by Federal, State, and local policymakers and program managers, the Congress, and the scientific community to include a wider range of nutrition monitoring activities, improve the system's ability to measure the nutritional status of high-risk groups, improve the relevance of data for policy decisions, and improve information dissemination and exchange.

GOAL A: Achieve a Comprehensive System Through Coordination Among NNMS Components

This goal focuses on achieving the best possible coordination of the National Health and Nutrition Examination Survey (NHANES) and the Nationwide Food Consumption Survey (NFCS) and expanding coordination efforts to include other Federal surveys that contain nutrition monitoring components. Emphasis is given to the need for improved coverage of "at risk" populations (improved ability to identify and reach populations at high nutritional risk) and improved temporal coverage of the U.S. population (continuous monitoring).

A.1. Include All Appropriate Nutrition Monitoring Activities

The NFCS and NHANES will continue to comprise the foundation of the National Nutrition Monitoring System (NNMS). They will provide, on a regular basis, important data on the nutritional health of a national sample of the population and comprehensive information about U.S. food consumption patterns.

The long-term goal is to integrate existing Federal surveys and surveillance activities into a network of activities that provides a more complete picture of the nutritional health of the total population and special subgroups than could the component surveys alone. Surveys and other activities added to the existing system may target specific populations or types of data collection not now adequately covered, and thereby supplement the current NHANES-NFCS data base.

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A.2. Improve Coverage of Major Population Groups at Risk

Monitoring the dietary and nutritional status of the U.S. population, especially of those groups likely to be at highest nutritional risk, is an important component of the Department of Agriculture's (USDA) and the Department of Health and Human Services' (DHHS) nutrition-related missions. USDA's Human Nutrition Information Service (HNIS), for example, recently completed a survey of low-income women and their children as part of its Continuing Survey of Food Intakes By Individuals (CSFII), and includes special samples of low-income populations in its decennial NFCS. DHHS's National Center for Health Statistics (NCHS) has oversampled low-income groups as well as physiologically high-risk groups in its national surveys and has recently completed a survey of the health and nutritional status of Hispanic Americans. The Coordinated State Surveillance System of the Centers for Disease Control continuously monitors key indicators of nutritional status in two vulnerable groups--pregnant women and young children.

Some groups considered to be at nutritional risk, e.g., the homeless and migrants, are not included in the existing surveys. Other groups, including some racial minority groups, are not sampled in large enough numbers to permit accurate estimates of their dietary and nutritional status. The elderly--a subpopulation that may have a higher proportion of individuals who are nutritionally at risk--requires special attention. While NFCS has covered those over the age of 75 years in special surveys and its basic surveys, NHANES has not done so until now.

In view of these considerations, assessing and improving, where necessary, the coverage of high-risk populations by the NNMS has been made an explicit focus of this plan. Attention will be directed to identifying high-risk groups and coverage gaps, implementing survey designs capable of making estimates for targeted groups, and, to the extent feasible within fiscal constraints, conducting special surveys of groups not covered in national surveys or existing surveillance systems.

A.3. Improve Temporal Coverage

This goal refers to the NNMS' ability to continuously monitor the diet and nutritional status of the U.S. population. During the 1970s, a national nutrition survey was in the field nearly every year--the first National Health and Nutrition Examination Survey (NHANES I) in 1971-1974, the second National Health and Nutrition Examination Survey (NHANES II) in 1976-1980, and the Nationwide Food Consumption Survey (NFCS) in 1977-1978. There was, therefore, nearly continuous temporal coverage of the dietary intake and nutritional status of the U.S. population.

This temporal coverage was lacking in the first half of the 1980s when no national surveys were conducted. Although the Hispanic Health and Nutrition Examination Survey was conducted in 1982-1984, it was a special survey of three ethnic groups and the samples were drawn from three areas of the country--Mexican Americans residing in five southwestern states, Cuban Americans residing in Miami, Florida, and Puerto Ricans residing in selected counties of New York, New Jersey, and Connecticut. In 1985 HNIS

initiated its CSFII to provide dietary data prior to NFCS-87. The CSFII, conducted in 1985 and 1986, surveyed women 19-50 years of age and their children 1-5 years of age in the general population and in the low-income population. Men ages 19-50 years were also surveyed in 1985. Such continuous monitoring of food consumption is especially important because consumption responds to many short-term changes such as food prices and availability as well as changing consumer attitudes and preferences.

It is a goal of the NNMS to have at least one national survey in the field every year to improve the temporal coverage of the U.S. population.

A.4. Improve Comparability Among Surveys

Departmental efforts over the past five years have focused on improving the comparability of the health and nutrition surveys conducted by NCHS and the dietary surveys conducted by HNIS. Substantial progress has been made in identifying common descriptors for a number of sociodemographic and dietary intake variables, and the surveys now share a common nutrient data base. During the operational phase, the Departments will exert every effort to achieve and maintain comparability related to the designs of the surveys, will urge comparability among additional surveys, and will explore the development of core data sets as part of their long-term strategy.

GOAL B: Improve Information Dissemination and Exchange

This goal continues the Departments' commitment to preparation of comprehensive reports on the dietary and nutritional status of the U.S. population. New emphasis is given to continued timely reporting and interpretation of data, to development of comparable reports and tape documentation, to increasing the usefulness of the system for meeting the decision-making needs of policymakers and program managers, and to increasing information exchange between data users and generators.

B.1. Continue Reporting System to Congress

The 1981 implementation plan laid out a mechanism that would integrate into common reports the results of the monitoring system's component nutrition activities. Reports were to be issued every three years. The reporting function was implemented by an expert scientific panel--the DHHS-USDA Joint Nutrition Monitoring Evaluation Committee (JNMEC)--which drew primarily on data from NHANES and NFCS to develop a report on the dietary and nutritional status of the population. The first report, entitled Nutrition Monitoring in the United States: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee, was issued in July 1986.

This reporting mechanism, implemented by an expert scientific group, will continue. The next report will be issued in 1989.

B.2. Continue Timely Reporting and Interpretation of Data

Concerted efforts over the past five years by both Departments have reduced the time required to process, analyze, and release reports and public use data tapes. The Departments will continue to give a high priority to timeliness of data analysis and reporting.

B.3. Develop Comparable Reports and Tape Documentation

The diversity of subject matter, the many possible uses of the data, and the range of expertise of the users are constraints to standardization of formats for data reports and tapes. The potential value of the data is so high, however, that each monitoring system organization should include information in its documents to help users see how the data may be complementary to other disseminated data. Thus, each agency of the NNMS that produces written and computer tape output will strive to ensure that its documentation is comprehensive and comparable with that of other releases.

B.4. Increase Policy Relevance

Data from surveys must not only be timely and usable (goals B.2. and B.3.), but must also be <u>useful</u>. Usefulness requires that the data be directly related to policy, program management, and research needs. NNMS activities provide information relevant to Federal agriculture and public health policies and programs. Toward this end, they describe, insofar as methodologies permit, the adequacy and safety of U.S. diets, the nutritional status of the population, and the factors that affect diet and nutritional status. Major population subgroups for which problems of undernutrition and overnutrition exist are identified. NNMS activities also monitor trends in dietary and nutritional status at the national level, which can be used to determine whether observed problems are being rectified. They do not, however, have the capacity to assess the effectiveness of individual programs.

Information from the NNMS may be used to make decisions about, for example, programs to provide food assistance, nutrition education, special health services, nutrition labeling, food fortification, and other regulatory issues. Information from monitoring system activities is also used by the nutrition research community, as it develops hypotheses to investigate the role of dietary and nutritional factors in disease causation and prevention.

The component agencies of the monitoring system will provide data and information outputs that are timely, usable, and useful. The NNMS during the implementation phase was directed toward uses at the Federal policy level and did not emphasize data needs at the State and local levels. In order for the monitoring system to be relevant beyond Federal policy and program issues, a continuous process must also exist that attempts to determine and meet the decision-making needs of persons in State and local government, academia, and the private sector. Thus, during this operational phase, increased efforts will be made to understand the data

needs of States and localities and to help their policymakers to interpret data from national surveys to meet their particular decision-making needs.

B.5. Improve Information Exchange Between Data Users and Generators

Dynamic information exchange between data users and those who generate the data is an essential part of an effective monitoring system. Effective exchange requires mechanisms by which those responsible for policy and program planning can communicate their information requirements to those responsible for obtaining the data supporting the NNMS. The latter, the "data generators" should in turn give special attention to developing designs, collection methods, and processing procedures that are responsive to data users' needs. In addition, to foster full and appropriate use of NNMS data, the data generators should regularly inform data users about the survey designs and methodologies and their strengths and weaknesses.

Goals B.2 (timeliness), B.3. (data release), and especially B.4 (relevance to decision-maker needs) are closely interwoven with objectives and functions involved in accomplishing this goal. The focus here is on increased efforts specifically aimed at improving the exchange of information betweens persons and organizations that use the data from NNMS and those that generate it, as may be accomplished through education, communication, and technical services.

GOAL C: Improve the Research Base for Nutrition Monitoring

This goal highlights the widely-recognized need for strengthening the scientific base for nutrition monitoring. Research needed to support nutrition monitoring activities falls into two broad categories. The first is methodological research specific to the conduct of surveys and surveillance activities, for example, to develop the most appropriate dietary interview instrument to measure usual intake in large, cross-sectional surveys, or to determine the feasibility of a hospital-based surveillance system for severe pediatric malnutrition. A limited amount of research in this category is currently undertaken by the agencies responsible for NNMS activities.

The second category includes research conducted by the broader nutrition community for its own purposes which also has application to nutrition monitoring. This is exemplified in Human Nutrition Research: The Federal Five-Year Plan, prepared by the Interagency Committee on Human Nutrition Research (ICHNR, 1986), the coordinating body for Federal human nutrition research efforts. The research plan identifies five priority areas in addition to nutrition monitoring: nutrition requirements through the life cycle; nutrient content, bioavailability, and interactions; research on the role of nutrition in the etiology, prevention, and treatment of chronic diseases and conditions; energy regulation, obesity, and related eating disorders; and nutrition education. Each of these has components applicable to nutrition monitoring activities. For example, research on the nutrient content of foods (nutrient content, bioavailability, and interactions) can be applied to updating food composition data bases.

The USDA Comprehensive Plan for a National Food and Human Nutrition Research and Education Program (USDA, 1986) and the NIH Annual Report on Biomedical and Behavioral Research Programs, FY 1985 (NIH, 1986) illustrate that nutrition research applicable to the NNMS includes, but is not limited to, the formally designated category of nutrition monitoring research.

It is a goal and expectation of the NNMS to strengthen the research base for nutrition monitoring by identifying and elaborating the nutrition monitoring research needed to improve the conduct of its activities and interpretation of its data, and by urging (and initiating, to the extent feasible) research efforts that will improve the scientific basis for monitoring.

CHAPTER II

PROGRESS DURING THE IMPLEMENTATION PHASE--1981-1986

Progress has been made toward achieving the two goals laid out in the 1981 implementation plan: improve coordination of NHANES and NFCS, and develop and implement a reporting system. Since these are being retained as goals for the next phase (as Goals A.4 and B.1), and progress has already been made toward meeting the expanded goals, the specific accomplishments during the implementation phase are listed in reference to the new goals:

A. Achieve a comprehensive system through coordination among NNMS components
B. Improve information dissemination and exchange
C. Improve the research base for nutrition monitoring

GOAL A: Achieve a Comprehensive System Through Coordination Among NNMS Components

A.1. Include All Appropriate Nutrition Monitoring Activities

The 1981 implementation plan focused on coordination of the two surveys that contribute the central core of data, NHANES and NFCS. Accordingly, most attention during the implementation phase was directed toward these two surveys. Within the past year, increasing attention has been directed toward other Federal nutrition monitoring activities. Using the framework recommended by the Joint Nutrition Monitoring Evaluation Committee, DHHS and USDA undertook preparation of a directory of these activities.

A.2. Improve Coverage of Major Population Groups at Risk

- In response to expressed needs of researchers and others concerned with the health status and care of Hispanic people, NCHS designed and conducted a special survey, the Hispanic Health and Nutrition Examination Survey (HHANES or Hispanic HANES) from 1982 through 1984. Much of the data has been released (see Goal B.2., this chapter).

- In response to a Congressional mandate, HNIS assessed the nutritional content of diets of households in Puerto Rico.

- Measurement of the dietary intake of low-income populations in the U.S. has also received emphasis. For example, in the preparation for CSFII-85, HNIS conducted a pilot study to evaluate procedures for longitudinal surveys of low-income groups--Mexican-Americans, American Indians, blacks, whites, and elderly in urban and rural areas; CSFII-85 and

CSFII-86 included national samples of low-income households, and have reported results in reports and on public use data tapes.

- A mechanism to monitor the prevalence of common nutrition-related problems in high-risk populations of pregnant women, initiated by the Centers for Disease Control (CDC) in 1979, has been expanded. In 1986, 14 States, the District of Columbia, and Puerto Rico participated in the Pregnancy Nutrition Surveillance System, with records submitted on approximately 70,000 pregnancies.

- Thirty-four States, the District of Columbia, and Puerto Rico participated in the CDC-coordinated Pediatric Nutrition Surveillance System in 1986. The States submitted approximately 2 million records for analysis and achieved an average county/clinic coverage of approximately 78 percent. CDC also furnished data management expertise and/or software packages to assist 5 States in processing and analyzing their own data. Through presentations, seminars, and workshops on the nutrition surveillance system, over 1,800 health professionals were reached.

- In 1984 CDC initiated a State-based surveillance system using random digit dialing telephone survey methodology in 19 States and the District of Columbia. The system collects data from adult respondents to determine the prevalence of behavioral risk factors associated with premature death and disability. These include nutrition-related risk factors such as obesity, hypertension, excessive alcohol consumption, and lack of physical exercise. The Behavioral Risk Factor Surveillance System extended to more than 30 States in 1986, providing State-specific results that could be used for program planning and monitoring trends.

A.3. Improve Temporal Coverage

- Responding to the need for continuous monitoring of the population, both HNIS and NCHS redesigned the surveys planned to begin in the last half of the 1980s.

  * Temporal coverage was built into the design of NHANES III so that information on the nutritional status and health of the population will be provided for two time periods--1988-1991 and 1992-1994.

  * NFCS-87 provides information for each season on food consumption for households and individual household members.

  * The CSFII conducted in 1985 and 1986 is a means of continuously monitoring the dietary status of individuals in the general and low-income populations in the years between the decennial NFCS. CSFII's panel approach of 6 days data collected over a year was adopted after two large-scale methods studies were conducted to identify the most suitable data collection method and number of days to provide an estimate of "usual" intake. This approach has not been used before by HNIS.

- FDA recognizes the importance of continuous monitoring of the food supply. It's annual Total Diet Study (TDS) regularly monitors the levels of selected contaminants and nutritional elements in the U.S. food supply and estimates the intakes of these substances in representative diets of specific age-sex groups. The TDS was updated in 1982 to reflect the food consumption patterns indicated by NFCS-77 and NHANES II. FDA's Food Labeling and Package Survey (FLAPS) includes a biennial probability survey of retail packaged foods as well as an ongoing surveillance program for nutrition labeling.

- Annual estimates of the nutrient content of the U.S. food supply have been expanded to cover additional nutrients and other food components important to health.

A.4. Improve Comparability Among Surveys

- DHHS and USDA jointly sponsored a study by the National Research Council's Food and Nutrition Board of uses of data from national food consumption surveys. The study was intended to document the extent and diversity of priority data needs and to help the Departments plan future surveys that would be responsive to these needs. The report, National Survey Data on Food Consumption: Uses and Recommendations, was issued in 1984 (National Research Council, 1984). It recommended that the two core surveys, NFCS and NHANES, not be merged or replaced, and that a common methodologic core be developed to link them. Other short and longer-term actions were also recommended, for example, to redesign the surveys as continuous survey processes. The recommendations have been considered in the Departments' continuing efforts to improve the comparability of their surveys.

- A joint NCHS/HNIS Coordinating Committee meets quarterly to review and discuss plans for their respective surveys. The committee identified four categories where comparability and coordination could be increased: food composition data, comparability of sociodemographic variables to allow for linking or common analysis of the surveys, methodology for the 24-hour dietary recall, and sampling design.

  * Food Composition Data. NCHS and HNIS agreed to use the HNIS food coding system and nutrient data file in their surveys; NCHS used the HNIS food composition data in Hispanic HANES.

  * Sociodemographic Variables. A joint NCHS/HNIS task force reviewed definitions and wording of sociodemographic and related questions planned for inclusion in NFCS-87 and NHANES III, and when possible, recommended ways to make them uniform or able to be linked for comparability. Incorporation of the task force's suggested modifications would improve the comparability of the two surveys. However, changes in the instruments occurring during the final review and clearance processes may preclude full acceptance of the task force's proposals.

  * Methodology for 24-hour recall. The 24-hour recall method is used to obtain food intake information through personal interviews in

NHANES, NFCS, and CSFII. Efforts are being made to make similar such aspects of the methodology as the questions, the degree of probing, and measurement guides. Some methodological differences may persist, however, because the NHANES includes a complex medical examination component that requires sample persons to attend mobile examination centers for most of the data collection. These mobile examination centers and their staff move from location to location over several years. The NFCS, on the other hand, collects all data in the household, and uses a number of interviewers across the country in one year.

* Sampling Design. Both NHANES and NFCS use stratified area probability samples of households. However, resolution of a number of issues related to the sampling designs, for example, differences in degree of clustering and development of compatible sampling frames, remain unfulfilled objectives of DHHS and USDA. The Departments have made limited progress in these areas.

GOAL B: Improve Information Dissemination and Exchange

B.1. Continue Reporting System to Congress

- The 1981 implementation plan laid out an evaluation and reporting system that would integrate the results of the several NNMS component nutrition activities into common reports. According to the plan, a Joint Nutrition Monitoring Evaluation Committee (JNMEC) sponsored by the OASH-DHHS and the OASFCS-USDA was to develop reports on the nutritional status of the population that would be issued to Congress at three-year intervals.

- The JNMEC was established as a Federal advisory committee in 1983 under the joint chairmanship of the Assistant Secretary for Health, DHHS, and the Assistant Secretary for Food and Consumer Services, USDA. It's report, Nutrition Monitoring in the United States: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee, was transmitted to Congress in July 1986.

B.2. Continue Timely Reporting and Interpretation of Data

Over the past five years the availability and accessibility of data from NCHS and HNIS have increased markedly, as the following examples illustrate.

- Whereas it took six years after survey completion to process NHANES I data, much of NHANES II data collection was processed within two years. Release of data from Hispanic HANES, conducted from 1982 through 1984, was begun within one year, and biochemical and anthropometric data on Hispanics from the Southwest were first presented in November 1985. The first data tapes from all three portions of the survey (Mexican-American, Cuban-American and Puerto Rican) were released in 1987. They included data on dietary practices, body measurements, food frequency, blood and urine assessments, physical examination results, drug use, and medical histories of children and adults.

- NCHS is pilot testing an interactive computerized system for obtaining information on individual food intakes using a 24-hour recall interview. The system will link to HNIS food codes and nutrient data. The system will be used in the NCHS mobile examination centers where the NHANES dietary data are collected, and should substantially reduce the time needed to process the dietary data.

- Reporting of results in published and machine-readable form from CSFII-85 demonstrates HNIS's improved capacity to process and release survey results in a timely manner. Data collection for the first day's intake of CSFII-85 was completed in June 1985, a report of food and nutrient intakes was published in November 1985, and documented public use data tapes were available a few weeks later. The CSFII-85 reports compare 1985 and 1977 (NFCS) information on food and nutrient intakes by women and men 19-50 years and children 1-5 years in the general population and present information about women and children in the low-income population. CSFII-86 reports present similar information for women and young children, including a comparison with intakes reported in CSFII-85.

- An automated system for assigning food codes to foods reported by individuals contributed to the timely processing of CSFII data. It will also be used to process data from individual intakes reported in NFCS-87.

- In addition, an interactive computerized system to assist an interviewer obtain information on household food use and socioeconomic characteristics has been developed and tested. It should reduce the time required to process the household food use data from NFCS-87.

- The CDC surveillance system is characterized by its timely reporting mechanisms. These include (1) monthly and quarterly tabulations and reports that are used by participating State and local clinics to assess and monitor nutritional problems and quality control efforts, (2) special annual analyses and tabulations prepared in collaboration with the States for use in program planning and resource allocation, and (3) an annual publication, Nutrition Surveillance, that presents nutrition-related data collected by State and local health departments in a variety of nutrition and health programs.

B.3. Develop Comparable Reports and Tape Documentation

- The diversity of subject matter, the many possible uses of data, and the range of expertise of users constrain standardization of data outputs. The staff of NCHS and HNIS have made headway in making output from NHANES and NFCS comparable. Some sociodemographic descriptors (e.g., age and race) have been made uniform, and thus more capable of being compared.

- A Standard Reference Nutrient Data Base--a computerized version of updated Agriculture Handbook Number 8 tables--has been issued annually since 1981 for use by researchers with computer facilities. The data base was used to create a special data base for calculating the nutrient content of diets reported in CSFII-85, CSFII-86, and Hispanic HANES; it will also be used in NFCS-87, future CSFIIs, and NHANES III.

B.4. Increase Policy Relevance

Information from the NNMS has been used in the policy arena for a variety of purposes, as summarized below.

Health Policy Development

- In response to minority health initiatives of DHHS, NCHS conducted the Hispanic HANES. Hispanic health researchers, especially, had expressed a need for data more relevant to their goals. Their concerns were incorporated into the design and conduct of the Hispanic HANES. NCHS maintains a continuing interactive mechanism with them to assure that tapes and other data outputs are structured in ways that serve these users best.

- In support of the Public Health Service's development of national measurable health objectives, which include nutrition as one of 15 priority areas, NCHS designed supplements to its 1985 Health Interview Survey (NHIS) to obtain data on disease prevention and health promotion. Data from other NNMS surveys and surveillance activities have also been used to track progress toward meeting the 1990 National Health Objectives (DHHS/PHS, 1986).

Food Assistance Programs

- Federal food assistance programs also rely on NNMS data as the following three examples illustrate.

  * Results from studies of the association of diet quality with participation in the Food Stamp Program and in the School Lunch and School Breakfast Programs were useful in policy decisions related to the food assistance program.

  * The association of diet quality with targeting of the Food Stamp Program was shown using CSFII data: households receiving food stamps were found to be clearly more "needy" than households eligible for but not receiving food stamps; despite their lower income, individuals from food stamp households fared as well or better nutritionally.

  * Food intake and price data from NFCS-77 formed the research basis for the 1983 revision of the Thrifty Food Plan--the legal standard for benefits in the Food Stamp Program. A computerized model that minimizes deviation from food consumption patterns of low-income households while meeting nutritional specifications at given costs is used to form the food plan.

Nutrition Education and Information Dissemination

- Dietary and biochemical data from NCHS and HNIS surveys have been useful to HNIS, the Food and Nutrition Service (FNS), Extension Service (ES), FDA, NIH, and others in planning nutrition education and information programs. For example, NFCS-77 data have been used to show how the nutritional content of diets is associated with food shopping and money management practices, meal patterns, food eaten away from home, use of convenience foods, and addition of iron and B-vitamins through enrichment

and fortification of grain products. Problem nutrients identified through the surveys are also included as a focus of nutrition education programs.

- Quantitative dietary recommendations proposed by various organizations have been compared to dietary patterns reported by CSFII sample persons. These comparisons have identified food selection changes that would be necessary to achieve the proposed recommendation, thus providing an indicator of the practicality of a recommendation. Within segments of the population, the nutrient intake of those achieving a given recommendation can be compared with those who do not. Such information is important for the design of practical food selection guides and nutrition education strategies.

- Results of surveys conducted by NIH on health practices and beliefs of professionals and the public have been important to the development of nutrition education materials and information dissemination to the public on various nutrition topics such as heart disease, cancer, etc. For example, the Cholesterol Awareness Surveys and others related to hypertension have been instrumental to the development of nutrition education materials for the National Cholesterol Education Program and the National High Blood Pressure Education Program.

- Information from FDA's periodic surveys of public attitudes, knowledge, and practices are useful in formulating education efforts. These surveys also obtain support from NIH.

- Also useful for education efforts (and applicable to food safety) is FDA's regular national probability survey of consumers that measures intake of dietary supplements, and also identifies intake-related attitudes, knowledge, and lifestyle practices. The intake part of the survey was updated in 1986 as a part of NCHS's National Health Interview Survey (NHIS).

Food Production and Marketing

- CSFII results that identify consumer shifts in commodity selection have been useful to USDA and others in formulating food production and marketing policies. For example, the recent decline in meat consumption, especially in high-income households, has emphasized the need for meat producers and marketers, who customarily link demand with price, to develop and market meat products that are more acceptable to the consumer.

- Food supply estimates and food consumption and dietary status measures from NFCS and CSFII were used by the National Research Council's Board on Agriculture to identify targets for technological options for the production and marketing of animal products.

Food Safety and Regulation

- FDA is a major user of data from the NNMS to evaluate and implement nutrition policy relative to its regulatory functions in a variety of areas: nutrient fortification of the national food supply, nutrition and ingredient labeling, food and nutrient safety, and foods for special dietary use. A recent example of its activities in this area is the

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convening of expert panels, under an FDA contract, to evaluate the vitamin A, iron, zinc, and folate status of the U.S. population.

- Estimates of intake of various contaminants and nutritional elements obtained as part of the Total Diet Study have helped FDA monitor the safety of the U.S. food supply, and intervene accordingly with regulatory and educational efforts to safeguard the public's health.

- FDA's FLAPS, in conjunction with consumer attitude and awareness surveys, has permitted assessments of the value of nutrition labeling. This activity has also permitted early identification of new fortification practices by industry. As part of the same FLAPS survey, FDA has maintained a surveillance program for nutrition labeling that has enabled FDA to assure necessary levels of accuracy of label values and to identify segments of the industry which warrant encouragement.

- The Environmental Protection Agency's system for the assessment of dietary exposure to pesticides has used NFCS-77 data for four seasons as the basis for its food consumption assumptions. The system will be updated using NFCS-87 data.

B.5. Improve Information Exchange Between Data Users and Generators

The Departments recognize that users who are informed about the survey designs methodologies, and their strengths and weaknesses, are prerequisite to full application of NNMS data. Equally important is learning about data needs of users. As summarized below, the Departments undertook a variety of activities during the implementation phase to foster such information exchange.

- Through published articles, talks at professional meetings, conferences, special workshops, and personal contacts, staff at NCHS and HNIS have given guidance in the use of survey data for a wide variety of purposes and have attempted to determine priority needs of data users.

- HNIS and NCHS cosponsored a comprehensive review of uses of national survey data on food consumption that was conducted by a committee of the National Research Council's Food and Nutrition Board (National Research Council, 1984). The committee's report described a multiplicity of users in government, the academic community, and industry, and included recommendations for increasing the survey's responsiveness to users' needs. The report's findings and recommendations have been considered in planning for the surveys.

- In designing NFCS-87 and NHANES III, HNIS and NCHS, respectively, established formal mechanisms for determining data needs of professionals from scientific, business, agricultural, and health sectors.

- National Nutrient Data Bank Conferences have been held annually since 1976. Their purpose is to identify needs of nutrient data users, to provide recent information on food composition and sampling and analytical procedures to data users, and to demonstrate proper uses of the data for a variety of purposes.

- Through nine cooperative agreements with universities, HNIS in 1986 encouraged the use of CSFII data in investigator-initiated studies of determinants of dietary practices and nutritional content of diets. These cooperative studies have strengthened understanding of needs of data users and generators, while expanding the number of experienced data users and uses of the data.

- The NHANES Users Group has been meeting twice a year since 1981. The group, which is coordinated by FDA and NCHS, is open to any researcher using or planning to use NHANES data. There are about 120 members. The meetings allow researchers to informally exchange their ideas, problems, and results, and allow NCHS staff the opportunity to brief researchers about recent NCHS developments.

- Two national and two regional workshops for State public health and food program leaders, sponsored by the Association of State and Territorial Public Health Nutrition Directors (ASTPHND), were held between 1985 and 1987. Their purpose was to show how states can use NHANES and NFCS/CSFII data.

- To help specify its needs as a user of data on nutrient adequacy and toxicity, FDA contracted with the Life Sciences Research Office (LSRO) of the Federation of American Societies for Experimental Biology (FASEB) to convene an ad hoc expert panel to recommend assessments of nutritional status and health conditions for possible inclusion in NHANES III. The panel examined indicators of status and, when applicable, excess accumulation, for 21 selected nutrients and health conditions, and identified feasible methodologies for use in a large-scale, cross-sectional survey. A report of the recommendations was published in 1985.

GOAL C: Improve the Research Base for Nutrition Monitoring

A limited amount of methodological research in nutritional status assessment, food consumption measurement, and food composition measurement was undertaken during the implementation phase that specifically addressed monitoring needs, i.e., was of direct relevance to the conduct of surveys or surveillance activities. In addition, DHHS and USDA undertook a broad array of research activities that had components applicable to nutrition monitoring activities even though nutrition monitoring was not the initial reason for doing the research. Examples of research related to the specific categories of measurement of monitoring system activities are outlined in the following bullets.

Methods for Nutritional Status Assessment

- NIH and ARS have undertaken extensive research related to nutritional status assessment and nutritional requirements. For example, ARS's Human Nutrition Research Centers have provided information about nutrient requirements throughout the lifecycle that is basic to dietary standards development and to relating dietry intake to nutritional risk. NIH Clinical Nutrition Research Units (CNRU) and centers have contributed especially to understanding the effects of disease states on nutritional status. Nutritional status assessment has been studied in healthy and

clinical populations as well as high-risk groups. Such studies have examined (1) biochemical, anthropometric, maturational, and functional indices of nutritional status, (2) micromethods employing the latest technology and the smallest amounts to measure nutrient concentrations in various tissues and plasma, and (3) methods that improve the accuracy of dietary intake data. These agencies, as well as FDA and CDC, are also working on developing assessment methods that may be applicable to large-scale surveys. For example, CDC has developed more specific and reliable methods for the analysis of vitamins A and E and serum iron using very small samples.

- Long-term prospective studies on specific high-risk populations are underway at NIH and at ARS's Human Nutrition Research Centers. For example, the ARS Human Nutrition Research Center on Aging at Tufts University conducted a nutritional assessment of noninstitutionalized and institutionalized elderly in the Boston Area. Insights about nutrition and the aging process have also been gained from the NIH National Institute on Aging's Gerontology Research Center in Baltimore. These studies, which are unique because of their long-term perspective, provide insights about potential vulnerable groups, indicators, and standards that are useful for the monitoring system's endeavors.

- Conferences have also been used to explore ways to make better use of research data generated and to further collaborative efforts and information exchange. The biennial conferences of federally-supported human nutrition research units and centers are illustrative. The most recent conference was held in February 1987, and focused on nutritional status assessment and dietary intake methodology. A summary report will be published.

Food Consumption Measurement

- Methodological research on dietary intake assessment sponsored by HNIS since the mid-1970s has been reported at professional meetings and will soon be published in a single report. The research has included (1) an evaluation of elements of reporting error in food and beverage intakes collected using NFCS-77 procedures, (2) a comparison of 24-hour dietary recalls collected from male volunteers and from knowledgeable members of each household with information from unobtrusive observers, (3) a comparison of dietary intake and anthropometric data collected in NHANES I and NFCS, and (4) an evaluation of the applicability of nine alternative dietary intake methods for assessing the dietary status of the population through longitudinal and periodic surveys. In the last category, the best methods found were evaluated for use with several low-income populations.

- To provide improved standards for evaluating nutrient levels of diets reported in NFCS and other dietary studies, HNIS sponsored a major study by a committee of the National Research Council's Food and Nutrition Board to determine risk of nutrient deficiency at given levels below the Recommended Dietary Allowances. The committee's report, Nutrient Adequacy: Assessment Using Food Consumption Surveys, proposed a probability approach to measure risk in the populations surveyed (National Research Council, 1985. With the possible exceptions of iron and protein, however, the data on nutrient requirements needed for its use are not yet available.

- The ARS Human Nutrition Research Center at Beltsville, Maryland with some support from NIH, has continued its work on development of automated analytic techniques for direct analyses of food and improved methods for collecting, recoding, and evaluating dietary data. NIH-supported clinical trials and epidemiological studies have provided the opportunity to develop, test, and refine methods for measuring nutrient intake in populations.

- In 1986 FDA contracted with LSRO/FASEB for a review by an expert panel of appropriate uses of dietary intake data. The final report, released in 1987, provides guidelines for dietary data analysis and interpretation.

Food Composition Measurement

- The USDA Nutrient Data Bank (NDB) continues to be expanded with nutrient data from a variety of sources including academia, industry, and agency-sponsored research. For example, a nutrient data base of 28 food components in over 4,500 foods reported in surveys conducted in 1984-1986 was developed by a new automated system for use in the CSFII and Hispanic HANES. It is also available to the public.

- Food consumption data from CSFII-85 were used to identify data gaps in the Nutrient Data Base for major food contributors of nutrients. A study to supply these missing nutrient values has been proposed.

- Revision of Agriculture Handbook No. 8, Composition of Foods... Raw, Process, Prepared, is proceeding by food groups. Of the 23 sections planned, 16 have been published and others are in process.

- Since 1974, NIH has supported food composition data acquisition and research on improved methodology through interagency agreements with the HNIS Nutrient Data Research Group (which maintains the Nutrient Data Bank) and the ARS Nutrient Composition Laboratory (NCL). This support has greatly increased the availability of data on nutrients associated with chronic diseases, including heart disease and cancer.

- The ARS Nutrient Composition Laboratory has developed improved analytical methods for fatty acids, trace minerals, sugars, and vitamin B6, and has begun applying these methods in food analyses. New methods are being developed for carotenoids, B and C vitamins, and plant sterols.

- NIH and HNIS support research to develop methods of analysis for dietary fiber and carotenoids in foods, as well as to conduct the analyses. FDA has contributed to the research needed in these areas by coordinating collaborative efforts to define an official method of analysis for "total dietary fiber," which has been accepted by the Association of Official Analytical Chemists. Further work is underway to develop methods that will distinguish soluble and insoluble fiber.

- FDA and USDA, through frequent consultation, have encouraged industry to extend their analyses to nutrients not presently declared on nutrient labels.

- In response to a Congressional mandate, FDA and the Infant Formula Council coordinated a multi-phase collaborative study to develop appropriate methods for analysis of nutrients in infant formulas. Canadian and British government and food industry laboratories have participated in the project. More than 17 methods have been verified and approved for milk-based ready-to-feed formulas.

- A contract to establish an International Network of Food Data Systems (INFOODS) has primary support from the NIH with contributing support by FDA and USDA. The intent of this system is to improve the quality, availability, and exchange of food composition data on an international basis. Since this effort began in 1983, progress has included establishment of regional INFOODS liaison groups; an international directory of food composition data bases; a publication, the Journal of Food Composition and Analysis, which begins publication in 1987; and a publication on standards and guidelines for analysis and data base construction.

Dietary Knowledge and Attitude Assessment

- NCHS and HNIS surveys have provided a limited amount of information to improve the research base in this area. NIH and FDA, who have been most active in this area during the past five years, have contributed insofar as they address their individual mandates.

CHAPTER III

PROPOSED ACTIVITIES FOR THIS OPERATIONAL PHASE - 1987-1996

This section outlines activities that will be undertaken to achieve the goals set forth in the first chapter. A chronological calendar of events covering 1987 through 1996 is included to give a clearer picture of the temporal relationship of these activities.

GOAL A. Achieve a Comprehensive System Through Coordination Among NNMS Components

A.1. Include All Appropriate Nutrition Monitoring Activities

- This is a most important goal if the NNMS is to reach its full potential. As a first step, the Deputy Assistant Secretaries for Food and Consumer Services, USDA, and for Health (Disease Prevention and Health Promotion), DHHS, are overseeing the preparation of an inventory of Federal surveys and surveillance activities related to food, nutrition, and nutrition-related health conditions, for release in spring 1988.

- The activities comprising the inventory will be used as the basis for efforts to integrate and coordinate the relevant information sources. Initial efforts will concentrate on integrating DHHS and USDA surveys.

- To facilitate achievement of this goal, the Departments are exploring ways to strengthen interagency coordination. Options being considered include the establishment of an interagency coordinating committee on nutrition monitoring or broadening the scope of the Interagency Committee on Human Nutrition Research (ICHNR) to include nutrition monitoring activities beyond monitoring research. It is anticipated that a more formal interagency coordinating function on nutrition monitoring will be in place in 1988.

A.2. Improve Coverage of Major Population Groups at Risk

- An assessment of DHHS efforts to monitor the nutritional status of low-income populations is nearing completion. The study report, due in August 1987, focuses on provision of national level data and will identify gaps in coverage of nine broad low-income target populations: pregnant and lactating women, infants and preschool children, school-age children, adolescents, adults, nursing home residents, other elderly, native Americans living on reservations, and the homeless. Options for alleviating the identified gaps will also be proposed. The inventory of Federal monitoring activities described earlier in this chapter (Goal A.1.) will be useful for identifying gaps in population coverage beyond DHHS.

- As specific target groups are identified, the collective agencies will develop plans for the most effective way to provide data on the dietary and nutritional status of these groups. These may include special surveys for hard to reach groups, expansion of the Coordinated State Surveillance System, and use of follow-up surveys.

- Some gaps are well recognized and already being remedied. For example,

  * NHANES III will extend its coverage beyond the 75 year old cap used in NHANES II. In addition, the elderly will be oversampled in NHANES III as will blacks, Hispanics, and the very young.

  * The design used for CSFII-85 and CSFII-86 will be modified in 1989 and beyond to cover all sex-age groups. Results will be reported annually on a moving average basis. In addition, CSFII will target populations for detailed, extensive dietary status data. For example, the 1990 CSFII is planned to provide a special sample of elderly along with the all income and low-income samples. The decennial NFCS also continues to include a special sample of low-income households.

- In response to a Congressional mandate to assess the feasibility of developing a hospital-based system for identifying cases of severe undernutrition among low-income, high-risk children, CDC will establish pilot projects in at least two States. Efforts will be made to assist States (1) to develop and evaluate the feasibility of a population-based surveillance system (including hospital sources of cases) that identifies children with severe undernutrition; (2) to collect and analyze information on prevalences, etiologies, and risk factors; and (3) to facilitate appropriate intervention for children who are identified as severely undernourished.

A.3. Improve Temporal Coverage

- Future nutrition monitoring activities are planned so that a national population survey or surveillance activity is collecting data every year from 1987 through 1996. This will provide a mechanism for the continuous monitoring of dietary and/or nutritional status of the U.S. population. The planned activities by year are shown in Table 1.

A.4. Improve Comparability Among Surveys

- Within DHHS and USDA, working groups will devise solutions to ensure maximum comparability among core surveys while retaining the surveys separate objectives. These groups will continue to address specific issues related to comparability among the core surveys in the following areas: dietary recall methodology, specific sociodemographic variables, food composition data base, and sample design. CSFII will provide the opportunity to test various new techniques that could be incorporated into the next round of major surveys to improve comparability.

Table 1. Nutrition Monitoring Activities: Temporal Coverage*

Year	Diets		Nutritional Status		Food Supplies and Systems			Diet Know./Attitudes**		
	NFCS	CSFII	NHANES III***	CSSS	TDS****	Disappear-ance	FLAPS	HDS	NHIS	CSFII
1987	X			X	X	X		X	X	
1988	X		X	X	X	X	X			
1989		X	X	X	X	X		X		
1990		X	X	X	X	X	X		X	X
1991		X	X	X	X	X		X		X
1992		X	X	X	X	X	X			X
1993		X	X	X	X	X		X		X
1994		X	X	X	X	X	X			X
1995		X		X	X	X		X	X	X
1996		X		X	X	X	X			X

*Diets: **NFCS** = Nationwide Food Consumption Survey (USDA/HNIS); **CSFII** = Continuing Survey of Food Intakes By Individuals (USDA/HNIS);
Nutritional Status: **NHANES III** = Third National Health and Nutrition Examination Survey (DHHS/NCHS); **CSSS** = **CDC Cooperative State Surveillance Systems**: Pediatric and Pregnancy Nutrition Surveillance Systems; also Behavioral Risk Factor Surveillance System (DHHS/CDC);
Food Supplies and Systems: **TDS** = Total Diet Study (DHHS/FDA); **Disappearance** = Estimates of per capita food and nutrient supplies at or before retail (USDA/ERS, HNIS); **FLAPS** = Food Labeling and Package Survey (DHHS/FDA);
Dietary Knowledge and Attitudes: **HDS** = Health and Diet Survey (DHHS/FDA); **NHIS** = National Health Interview Survey Supplements (DHHS/NCHS); **CSFII** = Follow-up, Consumer Perceptions Survey (USDA/HNIS,FSIS AND DHHS/FDA).

**NIH supports dietary knowledge and attitude surveys directed towards current research needs such as the Cholesterol Awareness Survey.

***NHANES III will also provide quantitative assessments of nutrient intake from foods and from vitamin and mineral supplements.

****The Total Diet Study also estimates the intakes of various organic and elemental contaminants and nutritional elements in representative diets of specific age-sex groups. Currently 234 foods are collected, prepared for consumption, and analyzed.

- USDA and DHHS plan to examine the additional monitoring activities of the two departments beyond NHANES and NFCS for comparability with these two surveys. Where possible, specific changes in these activities will be recommended to increase comparability and enhance the usefulness of the results. For example, HNIS, the USDA Food Safety and Inspection Service (FSIS), and FDA plan to conduct a follow-up survey of CSFII-89 participants to assess their knowledge and attitudes about selected diet and health issues. This survey, the Consumer Perceptions Survey, will make possible for the first time a comprehensive examination of the links between attitudes about diet and health and food consumption behavior based on a national sample. Where this comparability among surveys is not feasible, an attempt will be made to understand the effect of the differences on the interpretation of the data bases. Consideration of data bases beyond DHHS and USDA is also anticipated, following the initial departmental effort.

- USDA has established an in-house working group to identify sampling design, analyses, and variables that are most appropriate for hypothesis testing, while considering the need for comparability with past NFCS and coordination with NHANES and other surveys in the system. Expert panels may be utilized to handle difficult questions particularly in the area of the sampling plan. Information assessed will include National Survey Data on Food Consumption: Uses and Recommendations (National Research Council, 1984) and Nutrition Monitoring in the United States: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee (DHHS/USDA, 1986).

GOAL B. Improve Information Dissemination and Exchange

B.1. Continue Reporting System to Congress

- The second (1989) comprehensive report on nutrition monitoring will build on the framework established by the first report, Nutrition Monitoring in the United States: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee, issued in 1986. It will include the following components:

  (1) An update of the dietary and nutritional status of the U.S. population;

  (2) An in-depth analysis of the capabilities of the NNMS to assess the status of people using NNMS health data, emphasizing nutrition factors in cardiovascular disease, and dietary data, focusing on iron intake. This analysis will look in particular at populations at risk, limits to interpretation of data, gaps in the data base, trends, and factors influencing nutritional status; and

  (3) Recommendations for strengthening the NNMS.

- The report will draw primarily on data released by DHHS and USDA since the first report, and may include other sources of data, such as the Bureau of Labor Statistics Consumer Expenditure Survey and the Bureau of the Census Survey of Income and Program Participation.

- Scientific evaluation and interpretation of data to provide the basis for the Departments' report will be obtained through a contract with an independent, scientific organization. Executive secretariat responsibility for the 1989 report rests with DHHS, and has been delegated to NCHS.

B.2. Continue Timely Reporting and Interpretation of Data

- Emphasis on timely release of data from NNMS activities will remain a primary objective. Data will be available in data tape as well as hard copy form.

- NCHS will complete release of data tapes with Hispanic HANES data in 1987. Subjects will include: dental data from all three portions of the survey (Mexican-American data were released in 1986), diabetes, gallbladder disease, and 24-hour dietary recall data.

- HNIS will complete release of data tapes and published reports of results on dietary status from CSFII-85 and CSFII-86 in 1987. Data from NFCS-87 on individual diets and on household food use and food cost will be released beginning in early 1988.

B.3. Develop Comparable Reports and Tape Documentation

- Joint USDA/DHHS working groups will work to develop common report and data tape documentation formats, data categories, and data arrays (e.g., tables). Such information will be shared with other contributors of NNMS data. Suggestions from organizations such as the Association of State and Territorial Public Health Nutrition Directors (ASTPHND) will be solicited.

- Efforts will be increased to present data in reports in ways to facilitate comparisons, such as presenting data in identical age ranges. Text in reports will also be included that facilitates statistical analyses and interpretation of data (e.g., possible design effects, coding rules and assumptions applied to the estimation of "unknowns," and other analytic procedures).

- Tape documentation presented for survey data will include information related to survey design (e.g., sample person selection, response rates, weighting methods), data collection (e.g., coding of missing values), and description of demographic variables (e.g., age and race).

- Data users conferences will include sessions or other structured opportunities specifically designed for giving and taking suggestions on improving the comparability of reports and tape documentation.

B.4. Increase Policy Relevance

- DHHS and USDA will increase interdepartmental and intradepartmental communication regarding policy issues and data needs related to these issues. The Departments recognize the need for a more concerted effort in this area so that the NNMS can provide the most useful information for

decision-making to improve nutrition. Currently, agencies with major responsibility for nutrition monitoring solicit input from the regulatory, program, and research units during development of surveys and analysis plans for survey data. This process will be expanded to cover a broader range of monitoring activities and will emphasize interdepartmental issues. Coordination of this effort will be the responsibility of the Assistant Secretaries for Health (DHHS) and Food and Consumer Services (USDA).

- USDA will sponsor cooperative research with universities to use NNMS data to address issues relating to its programs in agriculture, food assistance, and nutrition education.

- DHHS's Nutrition Policy Board and USDA's Subcommittee on Human Nutrition will continue to serve as the mechanisms for raising, reviewing, and making recommendations about important policy issues within each Department. All agencies with interest and activities in nutrition are represented on these boards.

- In addition, suggestions about ways to increase the relevance of nutrition monitoring data for policy decisions will be solicited from departmental advisory groups such as the U.S. National Committee on Vital and Health Statistics and USDA's Board of Human Nutrition Scientific Counselors.

- Additional organized contact with Congress through more frequent updates on monitoring activities and findings may also be adopted. Congressional needs for NNMS data interpretation for policy decisions will continue to be considered in the preparation of the required reports to Congress on nutrition monitoring.

- Formal meetings of users, such as the NHANES Users Group meetings, the Nutrient Data Bank Conferences, and meetings of the Association of State and Territorial Public Health Nutrition Directors and the State Cooperative Extension Service Nutrition Specialists will be organized, where practicable, to encourage exchange of information on the real and potential policy value of data from NNMS component activities.

- Data from the NNMS will continue to serve as an integral component of the process of tracking progress toward meeting the 1990 National Health Objectives and in the development and subsequent tracking of National Health Objectives for the Year 2000.

B.5. Improve Information Exchange Between Data Users and Generators

Component organizations of the NNMS, especially NCHS and HNIS, will continue to identify and increase the numbers of users and uses of data through education, communication, and technical assistance activities. Public health and Extension Service users at the State and local level will receive special attention. Additionally, means to record and disseminate information on users and uses will be enhanced, as the following examples illustrate.

- Data user conferences will be held periodically to train potential users in effective ways of using data from the NNMS. These may be single agency efforts or efforts jointly sponsored by USDA and DHHS. The goal is to expand the pool of educated data users in research as well as in policy development and planning.

- Feedback will also be solicited from data users, particularly about scientific and methodologic problems, at data user conferences, as well as during workshops, and professional meetings. This information will be used to improve future surveys.

- It is anticipated that the semiannual NHANES Users Group meetings will continue, with FDA and NCHS continuing their coordinating role.

- Federally-supported research on dietary and nutritional status monitoring conducted by various universities provides information useful for NNMS activities. Cooperation and collaboration between the universities and NNMS agencies should serve to expand the pool of experienced data users and increase awareness of the data needs of researchers.

GOAL C. Improve the Research Base for Nutrition Monitoring

NNMS component agencies will strive to enhance the research base for nutrition monitoring. Research needed to facilitate the conduct of food consumption and nutrition surveys will be prioritized and, where appropriate, coordinated. Particular attention will be given to the recommendation of the JNMEC in this regard. Agencies responsible for specific monitoring system components will work formally to achieve this goal through the ICHNR and its Subcommittee on Nutrition Monitoring Research,[1] which was established in January 1987 to update and refine the research agenda for nutrition monitoring, drawing on the Federal five-year plan for nutrition research. The Subcommittee will also review the definition of nutrition monitoring research and clarify its components.

NNMS component agencies will continue their information exchanges with the nutrition research community. The activities put forth to achieve the second goal--improve information dissemination and exchange--will also strengthen the linkages with the nutrition research community.

In addition, agencies responsible for conducting surveys and surveillance activities will continue their ongoing research efforts directed toward specific monitoring issues, especially in the areas of food consumption and food composition measurements. Some examples follow.

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[1]The Subcommittee is co-chaired by the Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion), DHHS, and the Deputy Assistant Secretary for Food and Consumer Services, USDA. Membership comprises representatives of specific nutrition monitoring activities in ARS, CDC, FDA, NIH, HNIS, and NCHS, and ICHNR members from the Agency for International Development, Department of Defense, DHHS, Veterans' Administration, and USDA. Membership will be expanded to include representatives of other Federal monitoring efforts.

Food consumption measurement

- The lead for this area is shared by DHHS and USDA, who will continue to explore various researchable questions identified during the conduct of the national surveys. Such topics include dietary data collection methodology: serving size estimates; food frequency and recall method effects, and effects of probing on responses. The inter- and intra-variability of dietary intake is being studied to provide the understanding needed for improved assessment of diet adequacy.

Food composition measurement

- USDA (HNIS), the lead agency in this area, will maintain large food composition data bases specifically for assessing diets reported in national surveys. These data bases will be revised periodically and documented in ways that facilitate improved comparability of assessments across surveys and with subsequent surveys. Decisions about major additions or changes in the data base will be made by staffs in USDA and DHHS. Such data bases contain values for all nutrients assessed in the survey for all foods reported. Until analyses are available, best estimates will be imputed by HNIS staff. Information to fill gaps will be sought from industry and government laboratories and/or generated by supporting studies to conduct needed analyses.

- A computerized recipe system that documents the formulas assumed for food mixtures is an integral part of the HNIS nutrient data bases. Also, use of this system allows food mixtures reported in surveys to be broken down into their recipe components with their separate nutrient contributions.

- USDA and DHHS agencies will continue to support food composition research to improve data bases. Of special current interest are carbohydrates, especially dietary fiber, and carotenoids. A joint HNIS/ARS effort will provide better nationwide coverage by the Nutrient Data Base of selenium--currently not estimated in American diets because of the scarcity of reliable data and the variability of the nutrient in foods produced in different areas of the country.

- ARS's Nutrient Composition Laboratory will continue to develop new and improved methods for the analyses of nutrients in foods and to use them to provide more accurate and precise food composition data. These efforts receive some of their support from NIH, which also conducts food composition methods research.

- FDA will continue to examine iron bioavailability test methodologies, as well as analytic methods for different forms of fiber and for nutrient analyses of infant formulas and other foods.

- Current tasks of INFOODS will be completed in a year, and future activities and support are being planned.

Calendar of Events

This calendar highlights major activities during this operational phase. Updating is anticipated as plans for the second half of the phase are finalized.

1987	Nutrition monitoring coordination meetings: Quarterly meetings of the Assistant Secretary for Health (DHHS) and Assistant Secretary for Food and Consumer Services (USDA); NCHS/HNIS Coordinating Group; ICHNR (and Subcommittee on Nutrition Monitoring Research)[1]
1987	ICHNR Conference of Federally-Supported Human Nutrition Research Units and Centers.[2] Topics were dietary methodology and human nutrient requirements - February 24 and 25, ICHNR, NIH amd ARS
1987	Completion of CSFII-86, HNIS
1987	Start of NFCS-87, HNIS
1987	Start of NHANES III Pilot Tests, NCHS
1987	Health and Diet Study, Cycle 4, FDA[3]
1987	Nutrient Data Bank Conference[4]
1987	Information released on U.S. Food Supply in terms of food and nutrients, ERS and HNIS[4]
1987	NHANES Users Group, May and October, FDA Coordinates[5]
1987	ASTPHND Data Lab, HNIS, NCHS, FDA, and NIH
1987	HHANES Data Users Workshops in New York and Puerto Rico, NCHS
1987	Total Diet Study, FDA[4]
1987 or 1988	National Health Interview Survey Supplement on Dietary and Other Cancer Risk Factors, NCI and NCHS
1987 or 1988	National Telephone Survey of Weight-loss Practices, FDA and NHLBI
1988 or 1989	National Survey of Infant Feeding Practices, FDA

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[1]Quarterly meetings anticipated throughout this phase
[2]Biennial conferences anticipated throughout this phase
[3]Conducted every 18-22 months throughout this phase
[4]Annually throughout this phase
[5]Semiannual meetings anticipated throughout this phase

1988	Completion of NFCS-87, HNIS
1988	Release of Nutrient Data Base for Household Food Use, Release No.2., and Nutrient Data Base for Individual Intake Surveys, Release No. 4 (to be used in calculating nutrients in NFCS-87), HNIS
1988	Workshops for users of NFCS data, HNIS
1988	Start of NHANES III, NCHS
1988	Food Label and Package Survey (FLAPS), FDA[2]
1989	CSFII of general and low-income populations, each year 1989 through 1996, HNIS. Follow-up Consumer Perceptions Survey, HNIS, FSIS, and FDA
1989	Completion and forwarding to Congress of second NNMS report, DHHS/USDA
1990	Special survey of elderly persons with CSFII, HNIS
1990	National Health Interview Survey Supplement on Health Promotion and Disease Prevention Practices, NCHS
1991	Pilot test of new dietary survey procedures based on CSFII and NFCS-87 experience and methodology research
1991	Completion of NHANES III-Cycle 1 (first of two cycles), NCHS
1992	Completion and forwarding to Congress of third NNMS report, DHHS/USDA
1994	Completion of NHANES III - Cycle 2, NCHS
1995	Completion and forwarding to Congress of fourth NNMS report, DHHS/USDA
1995	National Health Interview Survey Supplement on Health Promotion and Disease Prevention Practices, NCHS

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[1]Quarterly meetings anticipated throughout this phase
[2]Biennial conferences anticipated throughout this phase
[3]Conducted every 18-22 months throughout this phase
[4]Annually throughout this phase
[5]Semiannual meetings anticipated throughout this phase

REFERENCES

DHHS (U.S. Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion). The 1990 Health Objectives for the Nation: A Midcourse Review. Washington. U.S. Government Printing Office, 1986.

DHHS/USDA (U.S. Department Health and Human Services and U.S. Department of Agriculture). Joint Implementation Plan for a Comprehensive National Nutrition Monitoring System. Unpublished document, August 19, 1981.

DHHS/USDA (U.S. Department of Health and Human Services and U.S. Department of Agriculture). Nutrition Monitoring in the United States: A Progress Report from the Joint Nutrition Monitoring Evaluation Committee. Washington. U.S. Government Printing Office, 1986.

ICHNR (Interagency Committee on Human Nutrition Research). Human Nutrition Research: The Federal Five-Year Plan. Unpublished document, March 1986.

Mason, J.B., J-P. Habicht, H. Tabatabai, and V. Valverde. Nutritional Surveillance. Geneva. World Health Organization, 1984.

National Research Council. National Survey Data on Food Consumption: Uses and Recommendations. A Report of the Coordinating Committee on Evaluation of Food Consumption Surveys, Food and Nutrition Board, Commission on Life Sciences. Washington. National Academy Press, 1984.

National Research Council. Nutrient Adequacy: Assessment Using Food Consumption Surveys. A Report of the Subcommittee on Criteria for Dietary Evaluation, Coordinating Committee on Evaluation of Food Consumption Surveys, Food and Nutrition Board, Commission on Life Sciences. Washington. National Academy Press, 1986.

NIH (National Institues of Health, Nutrition Coordinating Committee). 9th Annual Report of the National Institutes of Health Program in Biomedical and Behavioral Nutrition Research and Training: Fiscal Year 1985. NIH Publication No. 86-2092. Public Health Service, Bethesda, Maryland, 1986.

USDA (U.S. Department of Agriculture). USDA Comprehensive Plan for a National Food and Human Nutrition Research and Education Program: A Report to Congress. Washington. U.S. Government Printing Office, 1986.

APPENDIX 1

OVERVIEW OF DHHS AND USDA NUTRITION MONITORING SURVEYS AND SURVEILLANCE ACTIVITIES

DHHS and USDA surveys, surveillance activities, and related nutrition research and program activities are summarized below, and listed in the table at the end of this appendix, in relation to the five categories of measurement:

A. Health and nutrition status measurements
B. Food consumption measurements
C. Food composition measurements
D. Dietary knowledge and attitude assessment
E. Food supply determination.

A. HEALTH AND NUTRITIONAL STATUS MEASUREMENTS

- **National Health and Nutrition Examination Survey (NHANES)**: The NHANES, conducted periodically by the National Center for Health Statistics (NCHS), is the cornerstone of Federal efforts to monitor the overall nutritional status of the American people. NHANES consists of a series of surveys of probability samples of the United States population comprising over 20,000 persons each.

The surveys include physical examination, anthropometry, blood cell assessments, biochemical analyses of blood and urine, x-rays, functional assessment, health histories, and dietary intake interviews. They provide national estimates of diseases and health and nutritional characteristics of the U.S. population and selected subgroups. For example, through NHANES, physical and biochemical measurements are made which provide information about a number of nutrition-related conditions, including growth retardation; anemia; obesity; heart disease; hypertension; cerebral vascular disease; diabetes mellitus; vitamin, mineral, and trace element deficiency or toxicity; and heavy metal and pesticide exposures.

Two national surveys have been completed--NHANES I (1971-1974, ages 1-74 years) and NHANES II (1976-1980, ages 6 months-74 years). A third, NHANES III (1988-1994), is scheduled to begin in September 1988. Data will be collected on persons 2 months and older. Special sampling of infants, children, the elderly, and minority groups such as blacks and Hispanics will permit reliable estimates of the health and nutritional status of those groups. A survey for Hispanic Americans, HHANES, was conducted from 1982 through 1984. The HHANES had three components: Mexican Americans in the Southwest (about 9,900 persons sampled), Cuban Americans in the Miami, Florida area (2,300), and Puerto Rican Americans in New York City (3,800).

- **Other NCHS Surveys**: In addition to NHANES, a number of NCHS surveys and record systems provide important information for assessing the health

effects of nutritional status. These include the National Health Interview Survey, NHANES I Epidemiologic Followup Study, National Natality Survey, National Survey of Family Growth, National Maternal and Infant Health Survey, and Vital Statistics System. These surveys are briefly described in the following paragraphs.

The National Health Interview Survey (NHIS) collects data on the incidence of illness and injuries, prevalence of chronic diseases and impairments, disability, physician and dental visits, hospitalizations, and other health topics, as well as on the relationships between demographic and socioeconomic characteristics and health status. The data are obtained from household interviews with a sample of the Nation's civilian, noninstitutionalized population; the survey is conducted annually. In addition, each year special health topics (supplements) are included. Recent and planned supplements particularly relevant to nutrition monitoring include disease prevention and health promotion (1985 and 1990), vitamin and mineral supplement use (1986), and cancer control (1987).

The NHANES I Epidemiologic Followup is a nationwide followup interview survey conducted in 1982-1984 of approximately 14,000 persons who participated in NHANES I. Respondents were asked about their health and hospitalization history, measurements of weight and blood pressure were taken, and household data were augmented by data from hospital records and death certificates. Continued followup of the study's elderly cohort was conducted by telephone in 1986. In 1987, contact is to be made with the full sample by telephone.

The National Survey of Family Growth provides data on family planning practices and attitudes, factors influencing trends, and differences in fertility and related aspects of maternal and child health. For example, it has produced information on frequency and duration of breast-feeding. The first two cycles of the survey were conducted in 1983 and 1976 with a sample of ever-married women ages 15-44. The survey will be fielded again in 1987. Data are collected through household interviews.

The National Maternal and Infant Health Survey, planned for 1988, has three components covering natality and fetal and infant mortality. Live birth, fetal death, and infant death records will be sampled and questionnaires sent to mothers and physicians, hospitals, and other medical care providers used by the mother. The major areas of investigation are causes of low birth weight infants and infant deaths; prenatal care; the effects of maternal smoking, drinking, and drug use; the effects of sexually transmitted diseases on pregnancy outcome; and the use of public maternal health programs by mothers and infants. The 1988 survey will be a combination of three earlier surveys--the National Natality Survey (1980), the National Fetal Mortality Survey (1980), and the National Infant Mortality Survey (1964-66).

The National Mortality Survey is designed to provide data on socioeconomic characteristics of deceased persons, use and payment for hospitals and institutional care during the patient's last year of life, and factors associated with health status, such as smoking habits. The data are collected with the use of questionnaires sent to the decedents'

next of kin and to the institutions which provided health care, including hospitals, nursing homes, hospices, and other facilities. The survey was conducted annually from 1961 through 1968 and most recently in 1986.

The Vital Statistics Program is responsible for the nation's official vital statistics. Based on records filed in State vital statistics offices, the national program coordinates reporting, coding, and transmission of data on births, deaths, fetal deaths, induced terminations of pregnancy, marriages, and divorces. The vital statistics program produces annual data for the United States and for States, counties, and other local areas, and monthly provisional data for the United States and each State.

- **Coordinated State Surveillance System (CSSS)**: The Division of Nutrition, Center for Health Promotion and Education, Centers for Disease Control contributes to nutrition monitoring through the Coordinated State Surveillance System, which monitors the nutritional status of high-risk pediatric and pregnant populations through the collection of measurements readily available such as height, weight, hemoglobin and/or hematocrit. The system utilizes information from service delivery programs operated by participating State and local health jurisdictions and from the DHHS Bureau of Health Care Delivery and Assistance of the Health Resources and Services Administration (HRSA) to provide data on the prevalence of major nutritional problems in the targeted groups. The groups under surveillance are not a representative sample of the U.S. population, but are usually children and pregnant women from low-income families who voluntarily attend publicly-supported health and nutrition programs in States that participate in the CSSS. The CSSS provides information about the prevalence of overweight, underweight, retarded linear growth, and anemia among high-risk children. Among pregnant women, surveillance data are collected in regard to anemia, abnormal weight changes, fetal survival, birth weight of the child, and whether breast or bottle feeding is used and for how long. In 1986, 34 States, the District of Columbia, and Puerto Rico participated in the Pediatric Nutrition Surveillance System, and 14 States, the District of Columbia, and Puerto Rico participated in the Pregnancy Nutrition Surveillance System.

- **Behavioral Risk Factor Surveillance System (BRFSS)**: The BRFSS, initiated by CDC in 1984, is a State-based system that routinely collects data on the prevalence of behavioral risk factors associated with premature death and disability. These include nutrition-related risk factors such as obesity, hypertension, excessive alcohol consumption, and lack of physical exercise. In 1987 the BRFSS extends to more than 30 states and provides State-specific results which can be used for program planning and monitoring of trends.

- **Health Service Programs**: Nutritional assessment using height and weight measurements as well as hemoglobin or hematocrit determinations is undertaken directly through such DHHS health service delivery programs as Maternal and Child Health, Primary Care Programs (Rural-Urban), Migrant Health, and Indian Health Service programs administered by the Health Resources and Services Administration; the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program administered by the Health Care Financing Administration; and Head Start administered by the

Administration for Children, Youth and Families of the DHHS Office of Human Development Services. Data from these assessments are used primarily to determine protocols in the treatment of individuals.

Data from publically-funded food assistance, nutrition, or health service programs in participating States are provided on an ongoing basis to CDC's CSSS. Guidelines on prevention, screening, and follow-up of the nutritional disorders of children have been widely disseminated to health care providers in the private sectors by the Office of Maternal and Child Health, HRSA, as were publications to improve clinical care criteria for data collection and monitoring in private and public sites.

• **Nutrition Research Programs Related to Health and Nutrition Status Assessment**: As Contributors to the NNMS--As explained in the text, limited efforts are specifically directed toward the development of improved methods for the regular evaluation of nutritional status of populations and the conduct of surveys, i.e., to nutrition monitoring research. A variety of agencies, however, support other research efforts that contribute to the knowledge base for nutrition monitoring. These research efforts are explained in recent National Institutes of Health (NIH) and Department of Agriculture (USDA) publications (NIH, 1986; USDA, 1986). The publication, Human Nutrition Research: The Federal Five-Year Plan, which was submitted to Congress in 1986, summarizes the types of nutrition research conducted by the agencies of the Federal government and identifies six priority research areas. Topics relevant to nutrition monitoring are found in each of the six areas (ICHNR, 1986).

DHHS's NIH and USDA's Agricultural Research Service (ARS) are the major Federal contributors to research on nutritional status and epidemiological nutrition research. Within NIH, such research is sponsored by several of the individual institutes, including, the National Cancer Institute (NCI); National Heart, Lung, and Blood Institute (NHLBI); National Institute on Aging (NIA); National Institute on Child Health and Human Development (NICHD); National Institute on Diabetes, Digestive and Kidney Disease (NIDDK), as well as through its Clinical Nutrition Research Units (CNRU) and centers.

Investigator-initiated nutrition research constitutes the largest single area of NIH support; however, NIH supports numerous centers which provide core research support in addressing multidisciplinary biomedical problems which in turn provide an important stimulus to such investigator-initiated research. The NIH Clinical Nutrition Research Units are specific centers that are oriented to human nutrition research in health and disease. They serve as the focal point for clinical nutrition research activities, including on the relationship of nutrient intake and bioavailability to physiological function, assessment of nutritional status and body composition, and factors which influence these measures in health and disease.

ARS contributes principally to research on nutritional requirements and nutritional status through its five Human Nutrition Research Centers. In particular, the Western Human Nutrition Research Center at Letterman Army Institute of Research, San Francisco, California, conducts research on human nutrition requirements and on nutritional status, surveillance,

intervention, and monitoring. The Center focuses on (1) identification of factors, forces, and trends resulting in malnutrition; (2) development of reliable, efficient, and inexpensive methods for defining nutritional status; (3) studies on nutritional requirements; and (4) development of nutritional criteria and methodologies to assist in design and evaluation of action programs.

Two of the centers focus on specific age groups of the population. The Children's Nutrition Research Center in Houston, Texas, is dedicated to the study of nutritional needs of pregnant and lactating women and of infants and children, with particular attention to the quantification of nutritional allowances and the attainment of optimal nutritional status. The Human Nutrition Research Center on Aging at Tufts University in Boston focuses on the nutritional requirements of the elderly, the role of nutrition in the aging process, and the prevention of diet-related disorders.

The remaining two centers have established research programs in nutritional requirements and status. The Beltsville Human Nutrition Research Center is seeking a more complete definition of human requirements for essential nutrients. The Grand Forks Human Nutrition Center develops recommendations for nutrient intakes and is attempting to identify useful nutrient forms, particularly of minerals.

As Users of NNMS Data--Increasingly, the research-oriented agencies are also becoming major users of data from the monitoring system, and through that mechanism will contribute information applicable to the design and analysis of future population surveys. NIH over the past several years has become a major user of data from the NNMS, and has contributed funds to a variety of NNMS activities. The extensive analyses using data from the NHANES I Epidemiologic Followup Survey as part of NIH's biomedical and behavioral nutrition research and training program are illustrative of this use. For example, data from the NHANES Followup Survey are being analyzed to assess the effects of three different obesity measures calculated during NHANES I--relative weight, body mass index, and subscapular skinfolds, on cardiovascular disease among men and women at different ages. Results of this analysis may provide information useful in determining appropriate obesity measures in future surveys.

B. FOOD CONSUMPTION MEASUREMENTS

- **Nationwide Food Consumption Survey (NFCS)**: USDA's periodic NFCS, conducted by the Human Nutrition Information Service (HNIS), is the cornerstone of Federal efforts to monitor overall dietary status of the American people. National surveys were conducted in 1935-36, 1942, 1948, 1955, 1965-66, and 1977-78. The year-long NFCS-77 included both household food consumption (7-day recalls) and dietary intake (3-day: 1-day recall followed by 2-day records) components. Information was obtained from 15,000 sample households in 48 States. More than 30,000 household members of all ages provided information on all foods and beverages ingested at home and away from home.

In 1977-78, supplemental NFCS surveys were conducted for the first time in Alaska (urban) and Hawaii (about 1,200 households each), and in Puerto Rico (over 3,000 households). Also, supplemental surveys were conducted in the 48 coterminous States among the elderly population (5,000 households) and low-income households receiving or not receiving food stamps (over 4,200 households). In 1979-80, a second food consumption survey among low-income households (over 3,000) was conducted to determine shifts in food consumption and nutritional adequacy which may have been associated with higher price levels and changes in Food Stamp Program regulations.

Special purpose surveys have also been conducted. For example, in 1984, a Congressionally-mandated survey of household food consumption was conducted in Puerto Rico to determine change in usage and expenditures occurring since 1977, when the first Puerto Rican survey was undertaken.

NFCS-77 and supplemental surveys provide measures of levels and shifts over time in the food consumed and in the nutritional content and adequacy of consumption by households and individual household members. In both household and individual intake surveys, nutritional values have been derived for food energy and 14 nutrients, based on USDA food composition data files. Recommended Dietary Allowances, published by the Food and Nutrition Board, were used in the development of indicators of nutritional adequacy of diets of individuals by 22 sex and age groups and of household food consumption. Also, information was provided for foods reported on their source, type, and cost, and on socioeconomic and other factors associated with food selection, consumption patterns, and eating practices.

NFCS-87 began data collection in April 1987. Information similar to that collected in NFCS-77 is being obtained from 6,000 sample households from all incomes and from a supplemental sample of 3,600 low-income households (130 percent of poverty income or less), both in the 48 coterminous States. The survey includes a 7-day recall of household food usage and prices paid for purchased food and a 3-day reporting of food intakes of about 25,000 household members of all ages, as in the NFCS-77. The number of nutritional components (plus energy) for which information is derived, however, has increased from 14 in 1977-78 to 27 in 1987-88.

• Continuing Survey of Food Intakes by Individuals (CSFII): USDA's CSFII conducted in 1985 (CSFII-85) was the first longitudinal food intake survey to be conducted on a national scale. Six 1-day reportings of food intakes were obtained over a year at approximately 2-month intervals. Information on the first day's intakes was obtained by personal interview in the respondent's residence. Subsequent contacts were by telephone, if possible, or by personal interview.

Three sample groups were interviewed in 1985: women 19-50 years and their children 1-5 years, all incomes; women 19-50 years and their children, low-income (130 percent of poverty income or lower); and men 19-50 years (1-day intakes only). Information was obtained from women and children in approximately 1,200 sample households each in the core (all income) and low-income groups, and from males in 750 households. CSFII-86 surveyed women and children in comparably-sized all income and low-income

samples. Questionnaires and interviewing procedures used in CSFII-85 and CSFII-86 were adapted from those used in the food intake phase of NFCS-77. Nutritional data are being derived for 27 nutritional components and food energy.

In 1989 and each year following between the larger NFCS, CSFII will collect information on small national samples of households in the general and low-income populations. Dietary data will be obtained from all household members and will be reported by sex and age categories on a moving average basis. The purposes of this survey are to track food and nutrient consumption continuously and to provide a survey mechanism for special studies of groups believed to be at nutritional risk. For example, a special survey of low-income elderly persons is planned as part of CSFII-90.

- Other HNIS Activities: HNIS conducts research to identify reliable, efficient, and inexpensive methods for conducting large-scale food consumption surveys. The agency also develops systems for timely and accurate processing and presentation of data.

- NHANES: Information on dietary status is also provided through NHANES. In private interviews with trained dietitians information is collected on eating patterns, food consumption (24-hour dietary recalls), source of foods (home, restaurant, etc.), frequency of consumption of grouped foods, use of supplements, use of salt at the table, and frequency of eating away from home. Intakes of energy and 17 nutrients are determined for 28 age-sex groups. This dietary information was collected for NHANES I (1971-1974), NHANES II (1976-80), and the survey for Hispanic Americans, HHANES (1982-84). Dietary information will be expanded in NHANES III, and will include nutrient intake from vitamin and mineral supplements.

- Total Diet Study: FDA's yearly Total Diet Study monitors the levels of various organic and elemental contaminants and nutritional elements in the U.S. food supply and estimates the intakes of these substances in representative diets of specific age-sex groups. It was updated in 1982 to reflect the food consumption patterns indicated by NFCS-77 and NHANES II. Currently 234 foods are collected, prepared for consumption, and analyzed for contaminants and nutritional elements four times each year. Intakes of these substances are estimated for eight age-sex groups. The yearly data from this program allow for the identification of changes and trends in the levels of over 200 contaminants and 11 nutritional elements in the food supply.

- Surveillance of Vitamin/Mineral Supplement Adverse Reactions: The FDA's surveillance system for identifying adverse reactions to food products and additives has been expanded to include surveillance of adverse reactions to vitamin/mineral supplements. This system is designed to identify and evaluate complex adverse reaction complaints received by FDA district offices and from physicians.

C. FOOD COMPOSITION MEASUREMENTS

• **Nutrient Data Bank (NDB)**: The USDA Nutrient Data Bank is the major mechanism for collecting, evaluating, storing, and collating nutrient composition data for individual foods. The task is substantial, because there are some 10,000 to 15,000 food items in the U.S. food supply, and data are being acquired for 60 to 100 nutrients or other food components. Data are being collected and entered into the NDB on a continual basis, but the availability of data on some nutrients is limited by the lack of suitable methods. Sources of data include Federal Government laboratories, including USDA's Nutrient Composition Laboratory (NCL) and DHHS's FDA; university research and commercial laboratories under government sponsorship; and analyses of nutrients in foods conducted by industry, primarily in support of the nutrition labeling program. The development of the NDB is keyed to the process of revising Agriculture Handbook No. 8, Composition of Foods...Raw, Processed, Prepared, which is the standard reference table on nutrient composition. Of the 23 sections now planned, 16 have been completed and published.

Nutrient composition files used in support of NFCS-77 have been updated extensively for use in CSFII, NFCS-87, and HHANES. The number of nutritional components has been increased from 14 to 28 plus food energy. Revisions include introductions and deletions of food items to reflect current usage, inclusion of additional nutrients, and changes in existing nutrient composition measures resulting from changes in foods, usage patterns, and new information from the food laboratories. In 1985, foods reported in HHANES were incorporated into the USDA data base. In 1986, computer data tapes used in CSFII-85 and HHANES Mexican-American survey were released for public use through the National Technical Information Service of the U.S. Department of Commerce.

• **Nutrient Composition Laboratory (NCL)**: This laboratory is part of the USDA Beltsville Human Nutrition Research Center located in Beltsville, Maryland. It provides essential data on the nutrient content of foods as consumed in the United States by (1) analyzing the nutrient content of foods in tested, dependable assay techniques; (2) developing either new or improved methods for the analysis of nutrients of foods; (3) developing sound sampling techniques to ensure that representative samples are analyzed; and (4) conducting research on the effect of food processing procedures and transportation and marketing methods, as well as home, institution, and restaurant food preparation procedures on the nutrient composition of foods. NIH provides some financial support to this laboratory.

• **Total Diet Study**: As part of FDA's Total Diet Study--described under food consumption measurements--234 commonly consumed foods are collected, prepred for consumption and analyzed four times each year for over 200 contaminants and 11 nutrients.

• **Food Label and Package Survey (FLAPS)**: FDA conducts a biennial probability survey of retail packaged foods using commercial market research data bases (A.C. Nielsen Co.). The survey involves approximately 1,500 individual food brands representing about 44 percent of the packaged food supply in retail dollar terms. Data are interpreted on a share-of-

market sales basis. The data are the basis for the FDA food ingredient and declared ingredient data banks, and are utilized for multiple special studies. By this tracking system, significant changes in the food industry's labeling practices are rapidly identifiable for most major food classes.

Since 1977, the FDA has maintained a surveillance program for nutrition labeling. A representative sample of the 55 percent of processed foods which bear nutrition labels is analyzed. Annually, approximately 300 foods are analyzed for an average of 8 nutrients, involving in excess of 2,000 individual analyses. This surveillance program permits FDA to track the evolution of nutrition labeling in the food supply, assure necessary levels of accuracy of label values, and identify segments of the industry which require encouragement. This activity also permits early identification by FDA of new fortification practices by industry. When combined with consumer studies, assessments of the value of nutrition labeling are possible.

- **Other FDA Activities**: FDA's methodological research focuses on improved methods to measure dietary fiber and nutrients in different foods, particularly trace minerals, fat-soluble vitamins, cholesterol derivatives, and trans-fatty acids. FDA is currently directing and participating in a collaborative effort to develop official methods for analysis of nutrients in infant formulas. This is necessary for insuring the quality and safety of infant formulas. FDA also is participating in a collaborative effort to improve methods for determining iron bioavailability.

D. DIETARY KNOWLEDGE AND ATTITUDE ASSESSMENT

- **Health and Diet Survey**: Periodically since 1978 FDA has conducted surveys based on national probability samples of households to measure public attitudes, knowledge, and practices about food and nutrition, particularly as they relate to such health problems as hypertension, hypercholesterolemia, coronary heart disease, and cancer. Each survey involves detailed telephone interviews of about 4,000 persons randomly designated from adults in a household.

Studies of this type permit rapid acquisition of knowledge about public attitudes and practices relative to foods and nutrition, as well as estimates of concerns and elements of confusion. Through this mechanism practices such as avoidance of certain food substances through use of food labels are clearly identified (e.g., avoidance of fats, sugars, etc.), as are impacts of health and nutrition information programs. In addition, assessments are made of the influence of nutrition misinformation and the public's ability to comprehend food label information. Since 1982, these surveys have been cosponsored by NIH.

- **Survey of Infant Feeding Practices**: The FDA will conduct a prospective survey of infant feeding practices among pregnant women in 1988 or 1989. The survey will include prenatal interviews and monthly contacts with the mother throughout the infant's first year of life in order to determine what aspects of pre- and post-natal care, as well as

demographics, health care visits, and other factors influence feeding practices.

- **Survey of Weight-Loss Practices**: A national probability survey of adults will be undertaken by FDA in 1987 or 1988 to determine dieting and weight-loss practices. The breadth and extent of weight control practices will be examined demographically and also in relation to reasons for dieting, self-reports of health status, physician involvement, sources of information, attitudes about food and dieting, and other situational factors influencing weight control behavior. NIH contributed to the development of this survey.

- **NCHS Surveys**: NHANES provides a limited amount of information in this area through questions about breast-feeding practices. The National Maternal and Infant Health Survey should also contribute information about feeding practices. The National Health Interview Survey special topic surveys provide information about diet-related behaviors.

- **NFCS and CSFII**: Previous NFCS and CSFII surveys have assessed knowledge and attitude only insofar as behavior in terms of food consumption, food purchases, and eating practices can be used as proxy measures for dietary knowledge and attitude. Certain questions in these surveys, such as those on self-evaluation of food sufficiency, avoidance of certain foods or types of foods, and reasons for not participating in the Food Stamp Program were reflections of attitudes. HNIS, FSIS, and FDA are planning a follow-up Consumer Perceptions Survey of CSFII respondents in 1989 and beyond. From these data, knowledge and attitudes about selected diet and health issues can then be associated with food consumption behavior, also measured in CSFII.

- **NIH**: The National Institutes of Health, particularly NCI, NHLBI, and NIDDK, provide information about dietary knowledge and practices directed toward specific diseases and chronic conditions. Several of the larger efforts include: the physicians and public cholesterol awareness surveys conducted in 1986 by NHLBI and the survey of nurses' and dietitians' knowledge and attitudes toward cardiovascular disease risk factors planned for 1988.

The latter is unique because it will provide national data on nurses and dietitians, who play a critical role in prevention and management of cardiovascular disease. Registered nurses, occupational health nurses, and registered dietitians involved in patient care will be surveyed by mail to determine their behavior, knowledge, beliefs, and attitudes related to the three major cardiovascular disease risk factors: high blood pressure, elevated blood cholesterol, and cigarette smoking. There will be an initial mailing in the fall of 1988 and two successive mailings provided to nonrespondents. This study will provide information to help plan the professional education efforts of the National High Blood Pressure Education Program, the National Cholesterol Education Program, and the NHLBI Smoking Education Program. The survey will also provide baseline data for the evaluation of these programs.

E. FOOD SUPPLY DETERMINATIONS

• Supply Data: USDA'S Economic Research Service (ERS) estimates annually the quantities of various foods that "disappear" into civilian consumption. These estimates are derived from statistics on the production or marketing of farm products, foreign trade, and stock changes; the flow of foods through warehouse and/or retail markets; and ad hoc studies of special products. They are expressed as national averages per capita and show levels of food supplies each year since 1909 in food quantities and price-weighed indices.

HNIS estimates the quantities of food energy (calories), 23 nutrients, and cholesterol provided by the per capita food supply each year. These data can be used to alert the Department if food supplies, when efficiently and equitably distributed, are not sufficient to provide recommended amounts of nutrients for the population. Also they are useful for showing trends since 1909 in food and nutrient consumption relative to statistics on nutritional health and incidence of disease. They also show trends in the relative importance of foods as providers of nutrients in the food supply.

• Demand Studies: A variety of ERS activities contribute information about the nature of the national food supply and patterns of consumption. Of particular importance are economic and marketing information which permit evaluation of aggregate shifts in food consumption and price-consumption relationships. Efforts of this kind are important in assessing changing food consumption patterns and may presage nutritional problems. HNIS and ERS use the NFCS data to predict the demands for foods by households of given characteristics (income, race, sex-age composition, food assistance program participation, etc.).

-43-

Appendix 1 Table: Nutrition Monitoring and Related Activities

CATEGORY	ACTIVITY	DEPARTMENT*	AGENCY*	POPULATION	TIMING
HEALTH AND NUTRITIONAL STATUS MEASUREMENTS	National Health and Nutrition Examination Surveys	DHHS	NCHS	U.S. population, Special Groups	
	NHANES I			1-74 yrs	1971-1974
	NHANES II			6 mo-74 yr.	1976-1980
	Hispanic HANES			6 mo-74 yr	1982-1984
	NHANES III			2 mo +	1988-1994
	National Health Interview Survey	DHHS	NCHS	U.S.	Annual
	NHIS Special Topics	DHHS	NCHS	U.S.	Selected Topics
	NHANES I Epidemiologic Followup	DHHS	NCHS	NHANES I Elderly	1982-1984, 1987, 1986
	National Survey of Family Growth	DHHS	NCHS	Women 15-44	1976, 1983, 1987
	National Maternal & Infant Health Survey	DHHS	NCHS		Planned 1988
	National Mortality Survey	DHHS	NCHS		Annual 1961-1968, 1986
	Vital Statistics	DHHS	NCHS	U.S., States, Counties, Local areas	Annual
	Coordinated State Surveillance System	DHHS	CDC	Pregnant women, Children in	Continuous
	Behavioral Risk Factor Surveillance System	DHHS	CDC	Adults	Continuous
	Nutrition Research in Support of Nutrition Monitoring**	DHHS USDA	NIH ARS CDC FDA	Varies	Ongoing

Continued ...

Appendix 1 Table: Nutrition Monitoring and Related Activities, page 2 ...

CATEGORY	ACTIVITY	DEPARTMENT*	AGENCY*	POPULATION	TIMING
FOOD CONSUMPTION MEASUREMENTS	Nationwide Food Consumption Survey	USDA	HMIS	U.S., Low-income Sample	every 10 years current 1987-88
	Continuing Survey of Food Intakes By Individuals (CSFII)	USDA	HMIS		
	1985 and 1986			Women 19-50, Their Children, Men, Low-income Sample	Annual
	1989 and beyond			U.S. population, Low-income Sample, Other	Annual (planned)
	NHANES	DHHS	NCHS	U.S. population	See Prior Page
	Total Diet Study	DHHS	FDA	Specific Age-Sex Groups	Annual
	Vitamin/Mineral Supplement Adverse Reactions	DHHS	FDA	U.S.	Continuous
FOOD COMPOSITION MEASUREMENTS	Nutrient Data Bank	USDA	HMIS		Continuous
	Nutrient Composition Laboratory	USDA	ARS		Continuous
	Food Labeling and Package Survey	DHHS	FDA		Annual and biennial parts
	Total Diet Study	DHHS	FDA		Annual
	Fiber, Carotenoid and Vitamin A comp. Studies; Taurine and Biotin Comp. Studies	DHHS	NIH/NCI NIH/NIDDK		Ongoing Ongoing

Continued ...

Appendix 1 Table: Nutrition Monitoring and Related Activities, page 3 ...

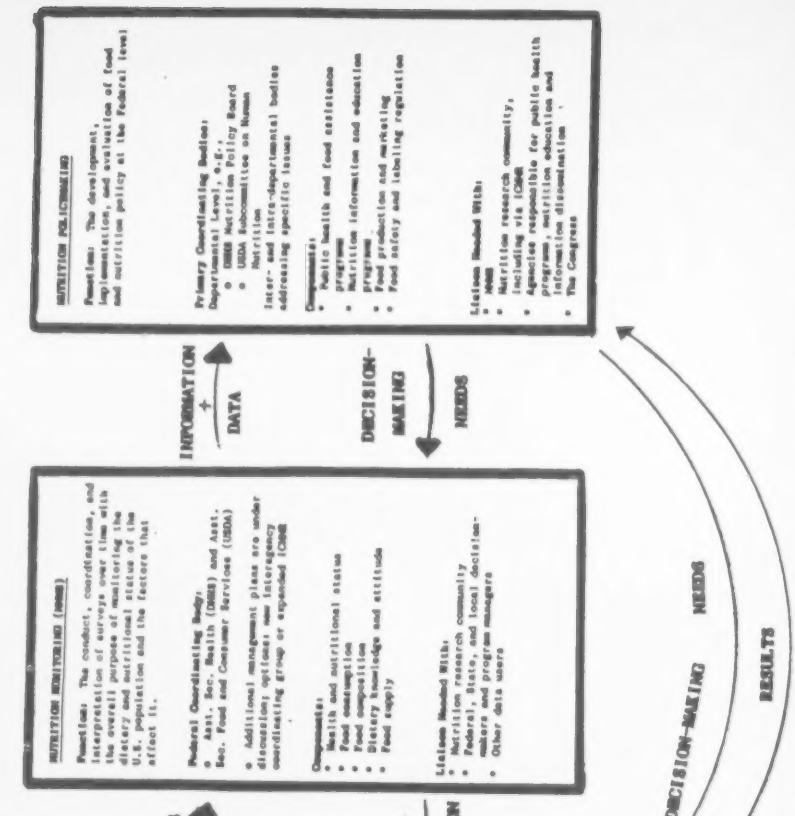
CATEGORY	ACTIVITY	DEPARTMENT*	AGENCY*	POPULATION	TIMING
DIETARY KNOWLEDGE AND ATTITUDE ASSESSMENT	Health & Diet Survey	DHHS	FDA	U.S. Adults	18-22 Mo. Intervals
	Survey of Infant Feeding Practices	DHHS	FDA	Pregnant Women	1988 or 89
	Survey of Weight-Loss Practices	DHHS	FDA NIH/ NHLBI	U.S. Adults	1987 or 88
	Cholesterol Awareness Survey	DHHS	NIH/ NHLBI +FDA	Physicians Adults	1986
	Nursing and Dietitian Survey	DHHS	NIH/ NHLBI	Nurses, Dietitians	1986, 1987
	NHIS Special Topics Health Promotion/ Disease Prevention Vit/Min Supplement/ Cancer Control	DHHS	NCHS +NIH/NCI	U.S. Adults	 1985 1986 1987
	CSFII Follow-up (Consumer Perceptions Survey)	USDA/ DHHS	NNIS FSIS FDA	U.S. Population	Planned 1989-1996
	Physician Knowledge Survey on Hypertension	DHHS	NIH/ NHLBI	Physicians	1978-1988
	Cancer Prevention Awareness Progran	DHHS	NIH/ NCI	U.S. Adults	1984 + Ongoing
FOOD SUPPLY DETERMINATIONS	Supply Data	USDA	ERS NNIS	U.S. Population	Annual
	Demand Studies	USDA	ERS	U.S. Population	Continuous

* ARS = Agricultural Research Service, CDC = Centers for Disease Control, DHHS = Department of Health and Human Services, ERS = Economic Research Service, FDA = Food and Drug Administration, FSIS = Food Safety and Inspection Service, HNIS = Human Nutrition Information Service, NCHS = National Center for Health Statistics, NCI = National Cancer Institute, NHIS = National Health Interview Survey, NHLBI = National Heart, Lung, and Blood Institute, NIDDK = National Institute of Diabetes and Digestive and Kidney Diseases, NIH = National Institutes of Health, USDA = U.S. Department of Agriculture

**Includes research on nutritional status assessment and requirements throughout the life cycle. The nutritional status research focuses on (1) indices of nutritional status, (2) microcethods to measure nutrient concentrations in various tissues and plasma, and (3) methods that improve accuracy of dietary intake data.

APPENDIX 2

NUTRITION RESEARCH, MONITORING, AND POLICYMAKING: FUNCTIONS, COMPONENTS, AND RELATIONSHIPS


NUTRITION RESEARCH
Function: The pursuit of new knowledge to improve understanding of nutrition as it relates to human health and disease
Federal Coordinating Body: Interagency Committee on Human Nutrition Research, and Subcommittees
Components:
• Nutrition monitoring research
• Nutrient requirements throughout the lifecycle
• Research on role of nutrition in etiology, prevention, and treatment of chronic diseases and conditions
• Nutrient content, bioavailability, and interactions
• Nutrition education research
Liaison Needed With:
• HHS
• Broad scientific community
• Public health policy groups
• Agriculture policy groups
• Nutrition policymakers
RESULTS
DATA + INFORMATION
NUTRITION MONITORING (HHS)
Function: The conduct, coordination, and interpretation of surveys over time with the overall purpose of monitoring the dietary and nutritional status of the U.S. population and the factors that affect it.
Federal Coordinating Body:
• Asst. Sec. Health (OHDS) and Asst. Sec. Food and Consumer Services (USDA)
• Additional management plans are under discussion; options: new interagency coordinating group or expanded ICNR
Components:
• Health and nutritional status
• Food consumption
• Food composition
• Dietary knowledge and attitude
• Food supply
Liaison Needed With:
• Nutrition research community
• Federal, State, and local decision-makers and program managers
• Other data users
INFORMATION + DATA
DECISION-MAKING NEEDS
NUTRITION POLICYMAKING
Function: The development, implementation, and evaluation of food and nutrition policy at the Federal level
Primary Coordinating Bodies: Departmental Level, e.g.:
• DHHS Nutrition Policy Board
• USDA Subcommittee on Human Nutrition
Inter- and intra-departmental bodies addressing specific issues
Components:
• Public health and food assistance programs
• Nutrition information and education programs
• Food production and marketing
• Food safety and labeling regulation
Liaison Needed With:
• HHS
• Nutrition research community, including via ICNR
• Agencies responsible for public health programs, nutrition education and information dissemination
• The Congress
DECISION-MAKING NEEDS
RESULTS